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TRANSACTIONS

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OF

THE CANADIAN

DENTAL ASSOCIATION

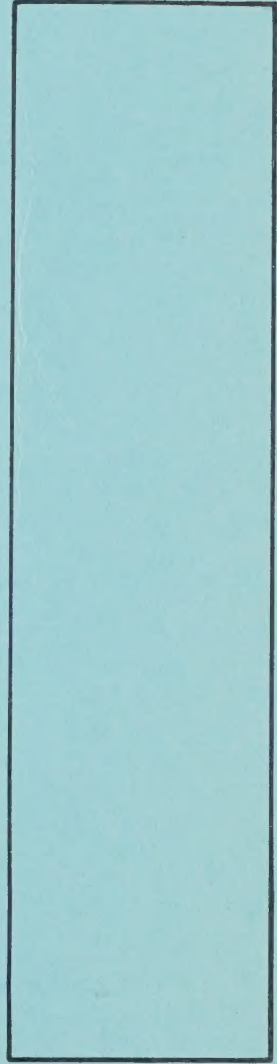
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ANNUAL MEETING
BOARD OF GOVERNORS
TORONTO
OCTOBER 3 - 5, 1974

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ANNUAL MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION



TORONTO

October 3 - 5

1974



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I N D E X

Accreditation Council, National	31
Accreditation program, CDA (general)	10
funding of	14, 44
accredited educational programs	7
accredited hospital programs	184
American Dental Association	20, 48
Anniversary, CDA	49
Applicants and Applications to Canadian Dental Schools	19
Association of Canadian Faculties of Dentistry	18, 290
Association of Canadian Medical Colleges	18
Association of Prosthodontists of Canada	7, 46
Auxiliaries, Conference on	20, 177
effective supervision of	34, 177
Auxiliary Services Committee report	178
Auditors	37
Board of Governors	7
Budget, Report on 1975	310
Bureau of Dental Statistics	33, 179, 181, 310
Bureau of Public Information	33
By-Laws, CDA	6, 8
Cancer Institute, National	19
Canadian Academy of Oral Pathology	7, 45
Canadian Academy of Oral Radiology	7, 45
Canadian Academy of Paedodontics	276
Canadian Academy of Periodontology	277
Canadian Association of Orthodontists	273
Canadian Council on Animal Care	291
Canadian Council on Hospital Accreditation	185
Canadian Dental Hygienists Association	10, 19, 176
Canadian Dental Nurses & Assistants Assoc.	7, 10, 19, 177
Canadian Dental Research Foundation	289
Canadian Dental Service Plans Inc.	209, 221
Canadian Fund for Dental Education	1, 20
Canadian Hospital Association	186
Canadian National Exhibition	197
Canadian Society of Oral Surgeons	6, 272
Canadian Society of Public Health Dentists	6, 283
Caribbean Dental Program	38
Children	48
Claims form	31, 176
Conference on Auxiliaries	20, 177
Conference on CAASI	182
Conference on Quality of Care	182
Constitution and By-laws, report of Council on	6
Continuing education	15, 37, 49, 195
Conventions	38, 186
Cost effectiveness studies	179
Cost of practice index	181
Councils, chairmen	43
members of CDA	270
Health Protection (proposed)	288
Dental aptitude test program	15
Dental Care for the Handicapped	189

INDEX

Dental Education Register	19
Dental Health Week	194
Dental Hygiene, Accreditation Requirements for	13
Dental Services Committee report	178
Dental technology program, accreditation of	13
Editor, Associate	43
Education, report of the Council on	10
Effective supervision, definition of	34, 177
Endodontics, report of section	27
Ethics, report of Council on	28
Executive Council report	30
Extended care centres	186
Federal government	32, 181, 194
Federation Dentaire Internationale	38, 48
Fee determination	31
Fluoridation	181, 196, 290
Foreign dentists	19
Government committees, representatives on	32
Grants, CDA	37, 315
Federal	289
Group Practice	179
Gullett, Dr. D.W. memorial	30
Handicapped, care for	187
Headquarters property (Toronto)	47
Health Accreditation Council	31
Health Care, Council on	31, 175
Health Protection, Council on (proposed)	288
Honorary memberships	32, 44, 337
Hospital Services, report of Council on	183
Guidelines for	186
Index, dental health	178
Information Services, Council Report	193
Promotional Activities	176
Installation Ceremony	337
Insurance and Investment, Council report	198
Group Life	199, 215
Group Office Overhead	203
Retention Agreements	204, 218
CDSPI	209, 221
Life Term Insurance	215
Master Contracts	216, 221 - 223
Bank Insurance Plan	216
General (casualty)	217
Loan Protection Disability	218
Retirement Savings	218
International Year of the Child	48
Internships and Residencies	184
Jolley, Dr. H.M.	340, 341
JOURNAL	43, 44, 195, 309, 317
Legislation, Council on, Report	254
Library	33
Mail Votes	8
Manpower Committee, National	30
Medical Research Council	289

INDEX

Medifacts	37
Mediscope	32
Membership Committee	40, 197
Metals, Costs of	181
Metric Commission	47, 285
Minimum Requirements for Postgraduate programs	12
National Approach to Health Benefit Programs	180
National College of Dentistry	19
National Dental Examining Board of Canada	18, 259
Necrology	264
Nomenclature	180
Nominations, report of Council on	266
Nutrition Canada Survey	291
Officers and Officials of CDA	270
Ontario Dental Association	37, 40, 197
Ottawa Headquarters	39, 170, 299(6), 319 - 323
Postgraduate Programs	12
President, report of	279
Installation of new	337
Prosthodontics	7, 46, 297
Provincial Summaries	176
Liason	40, 187
Public Health Committee, report of	177, 181
Recognition of retiring Officers & Officials	44
Records, dental	179
Recruitment	17
Relative Value System of Fee Determination	31
Research & Education Conference	18, 290
Research, Report of Council on	284
Resolutions, special	295
Royal College of Dentists of Canada, report of	296
Section By-laws	6
Membership in	9
Applications for CDA	7, 45
General	6, 7, 45, 272, 273, 276, 277, 283
Seal of Recognition	196
"Sound Tooth"	180
Specialties	15
Standard Claims Form	31, 176
Standards, Committee on	284
Students, Representative on Board of Governors	7, 17
Membership	16
IADS	38
Task Force on the Future of the CDA, report of	41, 61 - 174, 221
Reference Committee Comments	171 - 174
Teaching Conference	18
Therapeutics, Committee on	47, 285
Treasurer's Report	49, 299
Undergraduate Programs, Requirements for	13
Uniform Code	31, 175

F O R E W O R D

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Four Seasons-Sheraton Hotel, Toronto, October 3 - 5, 1974. The report of the installation ceremony held in the Grand Ballroom of the Four Seasons-Sheraton Hotel on October 9 appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils and Sections, etc. are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the Council or Section reports constitute the comments and action of the Board.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board and the work of the Association's Councils and Sections.

OFFICERS AND OFFICIALS

1973 - 74

President	J.E. Abra, Winnipeg
President-elect	J.F. Reid, North Vancouver
Immediate Past President	D.K. Peters, St. John's
Executive Director	W.G. McIntosh, Toronto
Editor	R.M. Grainger, Toronto
Associate Editor	G. deMontigny, Montreal
Treasurer	J.B. Taylor, London
Chairman of the Board	W.P. Munsie, Vancouver
Comptroller	D.M. McDonald, Toronto

EXECUTIVE COUNCIL

J.E. Abra	J.F. Reid	F.T. Wihak
D.K. Peters	H.L. Mussells	D.C. Clee
	S. Silver	

BOARD OF GOVERNORS

J.E. Abra	H.M. Jolley
D.C. Clee	R.L. Moran
M.J. Crompton	H.L. Mussells
W.C. Deacon	W.D. McDougall
C.E. Dexter	D.K. Peters
J.A. Doiron	J.F. Reid
V. Dontigny	D.L. Rife
J.E. Durran	A.J. Shinoff
C.E. Gosselin	S. Silver
R.A. Gray	K.F. Walsh
I. Hrabowsky	F.T. Wihak

Alternates:

M. Trepanier	-	Quebec
M.D. Charendoff	-	Ontario

Non-voting representatives:

T. Curry	-	Department of National Health and Welfare
L.G. Craigie	-	Department of National Defence, Dental Services
F.T. Irwin	-	Department of Veterans Affairs
T. McKay	-	Canadian dental students

AGENDA

A G E N D A

1974 BOARD OF GOVERNORS

OCTOBER 3 - 5

Thursday, October 3

9:00 a.m.

Call to order
Invocation
Official call of meeting
Presentation of credentials
Roll call
Special orders of business
Adoption of agenda
Minutes of previous meeting
Necrology Report
President's Report
Reference Committee assignments
Assignment of submitted resolutions
Manual for conduct of meetings

9:45 a.m. - 10:00 a.m.

Presentation of report of
Nominations Council
Nominations to Council on
Nominations

10:00 a.m. - 12:45 p.m.

Reference Committees #1, 2 & 3: open hearing

2:00 p.m. - 5:30 p.m.

Reference Committee #4: open hearing

7:30 p.m.

Reference Committees: executive session

Friday, October 4

9:00 a.m. - 12:30 p.m.

Reference Committee #4: open hearing

2:00 p.m. - 5:30 p.m.

Second session of the Board:
Presentation of reports
Statement by NDEB
Statement by CFDE
Statement by RCD(C)

7:30 p.m.

Reference Committees: executive session

AGENDA

Saturday, October 5

9:00 a.m. - 11:00 a.m.

Elections

9:00 a.m. - 12:30 p.m.

Third session of the Board:
Presentation of reports

2:00 p.m. - 5:30 p.m.

Fourth session of the Board:
Treasurer's Report
Meeting of members (voting
corporate members)
Election results: Chairman,
Council on Nominations
Unfinished business
Adjournment

REFERENCE COMMITTEE
PERSONNEL*

REFERENCE COMMITTEES

REPORTS

Committee #1

Gosselin	- Chairman
Clee	
Dexter	
Dunn	
Shunock	
Nicholl, Miss	- Secretary

Education
Hospital Services
Research
Endodontics (S)**
Oral Surgery (S)

Committee #2

Durran	- Chairman
Wihak	
Dontigny	
Nikiforuk	
Charendoff	
Matys, Miss	- Secretary

Information Services
Health Care
Public Health (S)
Orthodontics (S)
Paedodontics (S)

Committee #3

Walsh	- Chairman
Peters	
Shinoff	
Boyer	
Levin	
Kleysteuber, Miss	- Secretary

Constitution and By-Laws
Insurance and Investment
Ethics
Legislation
Periodontics (S)
President

Committee #4

Cripton	- Chairman
Silver	
Moran	
Neilson	
Zakarow	
Romita, Miss	- Secretary

Executive
Treasurer

Special Resolutions Committee -

Chairman: D. Rife

* *Personnel: Council Chairmen and Section Officers are expected to attend when reference committees are discussing their particular reports. At other times they are free to attend the reference committee of their choice.*

** (S): Section

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

OCTOBER 1974

1. The twelfth annual meeting of the Board of Trustees of the Canadian Fund for Dental Education was held April 18-19, 1974 at 234 St. George Street, Toronto.
2. Unfortunately trustees Dr. H. Brouillet and Dr. M. J. Cipton were unable to attend the 1974 annual meeting due respectively to illness and difficulties in air travel.
3. Also attending the meeting at the invitation of the Chairman was Mr. S. O. Tebbutt, whose appointment as CFDE trustee to fill the unexpired term of Mr. C. E. Peirce will be recommended to the CDA Board of Governors.
4. Tribute was paid to Mr. C. E. Peirce and Dr. D. W. Gullett, both of whom passed away in 1973.
5. Dr. J. W. Neilson was elected Vice-Chairman of the Board replacing Mr. C. E. Peirce.
6. It is my great pleasure to report that total income in 1973, including Capital Fund gifts, was \$335,330, a 194% increase over 1972. Business and industry gave \$49,062 to the annual appeal, a 22% increase over the previous year. CDA and other dental organizations were next with \$27,394, followed by dentists with \$17,371.
7. Dentists from all parts of Canada personally contributed \$227,007 to the Capital Fund campaign. This total includes a gift of \$45,000 from Dr. Lorne E. MacLachlan.
8. In 1973 the Fund expended in total \$76,812 in support of new and established programs to help meet the urgent priorities in dental education.
9. The Advisory Committee on Fellowship Selection considered 24 applications for CFDE support and the Chairman, Dr. R. C. Burgess, presented his report to the trustees meeting. The Board approved a total of 17 teacher training fellowships, 13 going to dentists and four to dental hygienists. The size of the awards ranges from \$500 to \$6,900.

10. The Advisory Committee report included a number of suggestions in respect of overall granting policy. This resulted in the Board passing a resolution that the Management Committee, including Dr. R. C. Burgess, be directed to explore the feasibility of integrating a forgivable loan/conditional bursary program within CFDE's fellowship funding program, this Committee to make specific recommendations to the Board before or at the latest at the next annual meeting (1975).
11. Dr. Burgess and his Advisory Committee are to be highly commended for the considerable time and effort they devoted to this important Fund program, and on behalf of my fellow trustees I want to thank them most sincerely.
12. A grant of \$1,000 was approved for each of Canada's ten dental schools upon receipt of an application stating how the funds will be used.
13. CDA's Committee on Standards for Dental Materials and Devices will receive a grant of \$2,000 in support of the Committee's activities for the year 1974/75. This represents an increase of \$750 over the previous year's award.
14. An amount of \$1,000 was approved to help fund the Western Canadian Moot Court Competition involving dental and law students from Western Canada universities.
15. The Association of Canadian Faculties of Dentistry was awarded \$2,000 to assist with their programs in 1974.
16. Six scholarships, each with a value of \$200, were approved for dental hygiene students.
17. Four scholarships were awarded for dental technology students. Each scholarship has a value of \$250, two are offered at George Brown College in Toronto and two at the Northern Alberta Institute of Technology in Edmonton.
18. Having approved the aforementioned scholarships, the trustees decided that CFDE's scholarship program, as it operates presently for university based dental hygiene programs and programs in dental technology, is in danger of being jeopardized by the anticipated large increase in the number of dental auxiliary educational programs and accordingly asked the Executive Director to advise the appropriate institutions that the scholarships in all cases will be withdrawn in 1975 in favour of teacher training awards.
19. At the request of the Board Dr. D. J. Kenny, Chairman of CDA's Student Membership Committee, and Miss P. Courtright, President of the 1974 Students' Conference, attended the meeting to discuss future Conference plans.

20. Dr. Kenny requested the trustees to give approval to funding of the 1975, 76 and 77 Students' Conferences at a total cost of approximately \$12,000. He also outlined several other projects his Committee would like to have funded in addition to the Students' Conferences.
21. The trustees decided that a decision on funding of annual Students' Conferences beyond 1974 await the submission of a detailed evaluation of the Conferences by CDA's Council on Education as specified in a letter to CFDE dated April 11, 1972.
22. A grant of \$9,500 was approved to help fund the 8th Biennial Conference on Dental Research and Education.
23. The trustees approved an award of \$3,000 to finance the 1974 Teaching Conference on Control of Pain and Anxiety. You will recall that in 1973 the Fund provided \$3,000 for a Teaching Conference on Oral Biology/Oral Medicine sponsored by CDA's Council on Education. It is hoped that CFDE will in future be able to provide money for an annual Teaching Conference as opposed to every other year as in the past.
24. An estimated amount of \$4,000 was approved to fund CDA's Student Table Clinic Program at the Convention here in Toronto. I would like to emphasize that this is the fourth year that the total costs of this program have been underwritten by two related Canadian companies. This is in addition to other substantial contributions made by the same two companies in support of Fund programs.
25. \$14,300 will be paid to CDA to underwrite fees and expenses of the dental coordinator for their accreditation program. Funds for this important project have been provided by the W. K. Kellogg Foundation which earlier this year made a three year grant to the Fund totalling \$42,900.
26. As a result of the Lorne E. MacLachlan Endowment Fund the Prosthodontics Department at the University of Toronto, McGill University and Dalhousie University will each receive approximately \$1,300 for teacher training.
27. You will be pleased to know that due to the generosity of our many supporters the trustees were able to approve over \$105,000 in awards for the benefit of dental education and research in 1974.
28. Experience has taught us that contributions from dentists and dental organizations are vital in attracting support from other sources. You will be pleased to learn that gifts from dentists to the annual fund of \$11,000 as of June 30, 1974 compare very favourably with previous years.

29. Again as of June 30, 1974 contributions to the Capital Fund stand at \$285,000, of which \$253,000 has been paid in cash.
30. It was with deep regret that the Board of Trustees accepted the resignation of Drs. Boyes and Lipkind, both of whom had completed their term of office. Although eligible for reelection, both gentlemen wish to be replaced. I have had the pleasure of working with these gentlemen for several years and can only say that dentistry has benefitted greatly from their devoted service to the Fund.
31. At the direction of the Board I asked Dr. James A. Guest of London, Ontario, if he would agree to serve in place of Dr. Mark G. Boyes, and I am pleased to report that he has agreed to let his name stand in nomination.
32. We have a well known Western Canada dentist in mind as a replacement for Dr. Maxwell J. Lipkind, but unfortunately as of this moment I have not had the opportunity of asking him if he will agree to serve. I will most certainly do this in the near future and in any event will make a nomination at the Board of Governors meeting.
33. As we all know, Mr. Charles E. Peirce served with great distinction on the Board of Trustees as a representative of the dental industry. I believe we have found an able replacement for him in the person of Mr. S. O. Tebbutt, Vice-President of the L. D. Caulk Company of Canada Limited. I am delighted to say that Stan has agreed to let his name stand in nomination.
34. I am confident these men will contribute greatly to the success of CFDE and sincerely hope you will see fit to appoint them as trustees.

On motion from the floor:

*Moved that Drs. J.A. Guest and W.K. Martin
and Mr. S.O. Tebbutt be appointed Trustees
of the Canadian Fund for Dental Education.*

Adopted

35. Perhaps it should have been mentioned earlier, but in any case I want to report that in view of her expanded duties and outstanding service over a seven year period Miss Ingrid Kleysteuber was appointed Secretary to CFDE.
36. We are most grateful to CDA for continuing to provide us with office facilities and wish to record our deep appreciation for your help. Naturally we were sorry that CDA's grant to CFDE has had to be reduced substantially, however, we are most sympathetic to the financial problems faced by the Association.

37. I am proud and honoured to serve as Chairman of the Fund and want to thank you for the privilege of presenting this report. As always your comments and suggestions are most welcome and, of course, I will be happy to answer any questions you may have.

Respectfully submitted,

M. E. (Bud) Bower, Chairman
Board of Trustees

CONSTITUTION AND BY-LAWS

MEMBERS: H.R. MacLean, chairman, Edmonton; P.S. Christie, Halifax; H. Brouillet, Montreal; W.J. Spence, Toronto

R E P O R T

MEETINGS

1. As authorized by the Board (1973T20), a meeting of the Council was held in Toronto on June 24, 1974. All members were present excepting Dr. P.S. Christie.

LETTERS PATENT AND BY-LAWS

2. In accordance with the Board's directive (1973T12), copies of the CDA Letters Patent and By-laws as amended by the 1973 Board of Governors' meeting were distributed to Board members, Councils and corporate members in early December 1973.
3. In anticipation of translating the Letters Patent and By-laws, the following resolution is presented for Board approval:

RESOLVED

that the following introductory statement be included in the printing of the CDA by-laws:

"Should difference of opinion exist in interpretation of English and French versions of these by-laws, the English version shall prevail".

Adopted

REVISIONS OF SECTION BY-LAWS

4. Sections were requested to submit their by-law amendments to the Council for approval at least four months in advance of the Board meeting, in accordance with CDA Article XV, Section 2.
5. Canadian Society of Oral Surgeons:
By-law amendments were examined by the Council and, in their opinion, no conflict with CDA by-laws existed.
6. Canadian Society of Public Health Dentists:
The Society's revised by-laws were found to be in accordance with CDA by-laws, but it was suggested to the Society that they change their qualification for associate membership from "a dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association.." to "a dentist who is a member in good standing of the Canadian Dental Association or a recognized national dental association outside Canada". Clarification of the Society's intention in this regard has been requested for the Council's 1975 meeting.

CONSTITUTION AND BY-LAWS

APPROVAL OF SECTION BY-LAWS AND APPLICATIONS FOR SECTION STATUS

Canadian Academy of Oral Pathology:

7. The by-laws of the Academy were examined in detail. In the opinion of the Council they do not conflict with CDA by-laws and the Executive Council has been so informed.

Canadian Academy of Oral Radiology:

8. During study of the by-laws of the Academy, Council resolved to request clarification that the qualification for membership was intended to be "a dentist who is a member in good standing of the Canadian Dental Association or a recognized national dental association outside of Canada" rather than a member of another nationally recognized dental association as stated.
9. Since the by-laws appear to meet CDA requirements, the Executive Council has been informed that the Academy's by-laws are in order.

Association of Prosthodontists of Canada:

10. The application for section status and approval of by-laws submitted by the Association of Prosthodontists of Canada was considered by Council in conjunction with the resolution of the Board of Governors (1973T61). Evidence was also presented indicating that the Canadian Academy of Restorative Dentistry were not in agreement with the application which had been filed by APC. Council, therefore, deferred action on the Association of Prosthodontists of Canada by-laws until CARD and APC could come forward with mutually acceptable by-laws and a joint application, as envisaged by the 1973 Board meeting. (*see Board comment following RCDC report*)

COUNCIL ON EDUCATION RESOLUTIONS

11. Council were informed of the Council on Education's resolutions recommending voting representation of one student on the Board of Governors and non-voting representation of one delegate from the Canadian Dental Nurses and Assistants Association on the Council on Education. Comment was deferred until the Board decides on these two matters.

MAIL VOTES

12. The section on mail votes with respect to Board of Governors actions was deleted from current CDA by-laws to meet requirements of the Canada Corporations Act. Council were informed that it is, however, occasionally necessary to conduct mail votes of CDA council members to determine the disposition of issues between formal meetings.
13. The following resolution is presented for Board approval:

CONSTITUTION AND BY-LAWS

RESOLVED

that the following sentence be inserted in CDA by-laws Article XIV, Section 3:

"Mail votes may be conducted when deemed necessary by the chairman; two-thirds majority shall be required to determine action; results of the vote must be ratified at the next regularly scheduled Council meeting."

The Board does not agree with the above resolution and recommends a substitute resolution as follows:

RESOLVED

that the following sentence be inserted in CDA by-laws Article XIV, Section 3:

"Mail votes may be conducted when deemed necessary by the chairman; a unanimous decision of those voting shall be required to determine action; results of the vote must be ratified at the next regularly scheduled Council meeting."

Adopted

ATTENDANCE OF COUNCIL CHAIRMAN AT EXECUTIVE COUNCIL MEETINGS

14. Since approval of new by-laws and amended by-laws of sections is required in advance of consideration of matters pertaining to section status by the Executive Council, it was agreed that on invitation of the President the Chairman of the Council on Constitution and By-laws should attend the relative Executive Council meeting.

AMENDMENT OF CDA BY-LAWS

15. Article XXIII, Section 1, requires the Executive Director to notify the Board of Governors and corporate members three months prior to the Board meeting at which amendments to the CDA by-laws are to be considered, such notification to include a copy of the proposed amendments.
16. The possibility of major by-law changes as a result of action on the report of the Task Force on CDA Organization which has not yet been identified makes the implementation of this requirement impossible in 1974. The Council therefore requested the Executive Director to so inform the Board and the corporate members not later July 1.

CONSTITUTION AND BY-LAWS

SECTION MEMBERSHIP

17. The following resolution has been forwarded to the CDA Task Force and is now presented for Board approval:

Whereas the Council on Constitution and By-laws has noted that several of the sections do not require membership in the CDA as an eligibility requirement for active membership in the section, and

Whereas the introduction of voluntary membership in CDA will further complicate the eligibility status for active membership in CDA sections, therefore be it

RESOLVED

that the CDA Board of Governors and the CDA Task Force give consideration to making CDA membership a mandatory requirement for eligibility as an active member in all CDA sections.

Adopted

NEXT MEETING

18. The agenda of the 1975 Council meeting will include a study of all current and proposed section by-laws.

EDUCATION

MEMBERS: M.J. Crompton, chairman, Moncton; E.R. Ambrose, Montreal; R. Coulombe, Lachine; G.E. Decker, Edmonton; W.H. Feasby, London; A.G. Hannam, Vancouver; L.G. Mandin, St. Paul; J.D. McLean, Halifax; J.D. Purves, Toronto.

R E P O R T

1. The Council on Education met in Toronto from April 29 to May 1, 1974. All members were present. Also in attendance were: Dr. K.C. Bentley, representative of the Association of Canadian Faculties of Dentistry; Mrs. Joan Voris, representative of the Canadian Dental Hygienists' Association; and Miss 'Tricia Courtright, student representative.
2. The following observers were present during all or part of the meeting: Deans J-P Lussier, Montreal; W.J. Dunn, London; J.W. Neilson, Winnipeg; S.W. Leung, Vancouver; J. McCutcheon, Edmonton; Acting Dean C.W.B. McPhail, Saskatoon; Dr. T.J. Ginley, Secretary of the Council on Dental Education of the American Dental Association, Chicago; Dr. M.A. Rogers, CDA Accreditation Co-ordinator. During the May 1 session which considered accreditation reports, only members of the Council and its Committee on Survey Policy were present.
3. Several persons attended to present reports: Dr. W.J. Dunn (ACMC annual meeting); Dr. D.L. Anderson (National Cancer Institute); Dr. D. Donaldson (1974 Teaching Conference); Dr. M.J. Crompton (NDEB annual meeting); Dr. D.J. Kenny (Student Membership Committee); Dr. R.E. Echlin and Dr. R.M. Grainger (Dental Aptitude Test Committee); Dr. G.S. Beagrie (Task Force on Continuing Education); Messrs. M.E. Bower and D.M. McDonald (Canadian Fund for Dental Education); Dr. L.G. Mandin (Committee on Survey Policy).

COMMITTEE ON SURVEY POLICY

4. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate:
5. Meetings and Membership
The Committee met at headquarters on February 6-8, March 11-13, and May 1, 1974. Members of the Committee are: Dr. L.G. Mandin, St. Paul (chairman and Council appointee); Dr. W.J. Dunn, London (Council appointee); Dr. D.R. Gratton, Plymouth, Mich. (Council appointee); Dr. G.E. Decker, Edmonton (Registrars appointee); Dr. D.B. Proctor (NDEB appointee); Dr. J.F. Cleall (RCDC appointee); and Dr. J-P Lussier (ACFD appointee).
6. To provide for auxiliary representation on the Committee whose terms of reference include responsibility for dental hygiene and dental assisting programs, Council has invited the CDHA and the CDN&AA to

EDUCATION

each elect one representative, whose expenses in connection with attendance at the Committee meetings would be underwritten by their respective organizations. Council also appointed Dr. A.G. Hannam as their fourth representative on the Committee. The Executive Director was asked to explore federal funding for this enlarged Committee.

Reports on 1973-74 surveys:

7. The following classes of accreditation were awarded to programs surveyed in the 1973-74 Council year:
 - (1) University of British Columbia: undergraduate dental - approval
 - (2) University of Alberta: undergraduate dental - approval
 - (3) University of Toronto: postgraduate oral surgery - provisional approval
 - (4) University of Toronto: postgraduate periodontics - approval
 - (5) University of Toronto: postgraduate oral pathology - approval
 - (6) University of Alberta: postgraduate orthodontics - approval
 - (7) Universite de Montreal: graduate orthodontics - approval
 - (8) Universite de Montreal: postgraduate paedodontics - provisional approval
 - (9) University of Western Ontario: graduate program in oral pathology - accreditation eligible
 - (10) University of Manitoba: graduate oral pathology - provisional approval
 - (11) University of Alberta: dental hygiene program - approval
 - (12) Universite de Montreal: dental hygiene program - approval
 - (13) Kelsey Institute of Applied Arts and Technology, Saskatoon: dental assisting program - approval
 - (14) Canadore College of Applied Arts and Technology, North Bay, Ontario: dental assisting program - approval
 - (15) Confederation College of Applied Arts and Technology, Thunder Bay, Ontario: dental assisting program - approval
 - (16) Holland College, Charlottetown, PEI: dental assisting program - approval
 - (17) Nova Scotia Institute of Technology, Halifax, N.S.: dental assisting program - approval
 - (18) Okanagan College, Kelowna, B.C.: dental assisting program - provisional approval
8. Requests for one-year extension of accreditation terms were granted to the oral surgery and prosthodontics programs at McGill University and the undergraduate dental program at the University of Saskatchewan; site visits will be conducted before the end of 1975.

Progress Reports

9. Council rescinded its previous requirement for the administrators of all accredited programs to submit a document, one year after the survey, indicating the degree to which recommendations contained in the last formal survey report had been implemented. Progress reports will be requested only in specific cases, if considered appropriate at the time of the accreditation award.

EDUCATION

1975 survey schedule:

10. The following schedule for accreditation surveys in 1975 was accepted, assuming that the usual invitations from the schools concerned would be forthcoming:

- (1) University of Toronto: undergraduate dental (postponed from 1974)
- (2) University of Saskatchewan: undergraduate dental
- (3) Dalhousie University: undergraduate dental
- (4) Dalhousie University: undergraduate dental hygiene
- (5) University of Manitoba: program in oral pathology
- (6) McGill University: program in oral surgery
- (7) McGill University: program in prosthodontics

Minimum Requirements for Specialty Programs

11. Board approval is requested for the following resolution:

RESOLVED

that the following statement be added to the "Minimum Requirements for Approval of Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the CDA" (1969T42; 1972T52):

"Graduate or postgraduate programs should have at least one full-time staff member. Should that leadership be removed, the school should assume its responsibility by not admitting new candidates to the program until the staffing requirements are brought up to the level for which the accreditation status was granted".

The Board does not agree with the above resolution and recommends a substitute resolution as follows:

RESOLVED

that the following statement be added to the "Minimum Requirements for Approval of Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the CDA" (1969T42; 1972T52):

"Graduate or postgraduate programs should have at least one full-time staff member within the department in which the graduate or postgraduate program is mounted."

EDUCATION

Requirements for Undergraduate Dental Programs:

12. While Council has the ultimate jurisdiction in respect of the accreditation of programs, the policies within which the accreditation mechanism operates are within the purview of the Board of Governors to establish. The previously approved statement "Survey Policy and Accreditation of a Dental School" (1970T58) has been revised and retitled "Requirements for the Approval of an Undergraduate Dental Program". It is attached as Appendix 1.
13. Board approval is requested for the following resolution:

RESOLVED

that the new "Requirements for the Approval of an Undergraduate Dental Program", reprinted in Appendix A of the Council's 1974 report, be approved.

Adopted

Survey Policy and Accreditation of a Program in Dental Hygiene

14. Mrs. Joan Voris, the CDHA representative to the Council, was appointed chairman of an ad hoc committee to review and recommend on revisions to the minimum requirements for the approval of a program in dental hygiene (1971T49) and the relevant guidelines.

Accreditation of Dental Laboratory Technology Programs

15. As instructed by the Board (1973T24), Council corresponded with provincial dental laboratory and technicians' groups with respect to the proposed accreditation in dental laboratory technology programs. Replies were received from three provinces, only one of which asked for CDA accreditation. Because of this paucity of interest, Council requests approval of the following resolution:

RESOLVED

that the matter of extending CDA accreditation to dental laboratory technology courses be postponed indefinitely.

Defeated

The Board of Governors does not approve the resolution and requests that the Council on Education give, at an early date, further consideration to extending CDA accreditation to dental laboratory technology programs.

Survey of University Opinions

16. At the request of the Committee, the CDA Executive Director wrote to the president of universities where dentistry and dental hygiene programs are mounted and who have participated in the CDA accreditation program for several years. His request for their opinion of the effectiveness and legitimacy of the CDA method of accreditation resulted in five

EDUCATION

interesting replies; all supported the program at the same time recommending changes which might be made to ensure relevancy. Council will examine the remainder of the replies at their next meeting before commenting further.

Funding of Accreditation Surveys

17. The Board's attention is directed to pages 64 and 65 of the 1973 TRANSACTIONS in which is recorded a motion from the floor of the Board meeting directing the CDA to request the ACFD to fund up to one-third of the cost of accreditation of undergraduate and graduate dental and dental hygiene programs in their faculties. In addition, those educational facilities not represented by the ACFD in which programs accredited by the Council on Education are housed were to be assessed a survey fee.
18. As directed, the ACFD were requested to assist in the survey funding; at the time of writing this report their official reaction had not yet been received.
19. The Board's resolution received detailed study by both the Committee and the Council itself, and the following resolution was sent to the CDA Executive Council (see Executive Council report).
20. "Whereas the Council on Education agrees neither with the premise nor with the resolving clauses of the Board resolution on the funding of accreditation surveys, and

"whereas the provincial licensing authorities have the legal responsibility for the standards of dental practice within their respective jurisdictions and as a consequence have a participating interest in and concern for the quality of graduates of the dental education programs, therefore be it resolved

"that it be recommended to the Executive Council that appropriate action be taken to encourage the provincial dental licensing authorities to assist on an equitable basis in the funding of the CDA accreditation program."
21. No action has yet been taken on the request for establishment of a fee for non-university survey visits, because of the sentiments in the above resolution.

Survey Methodology

22. Although the Committee requested authorization to restrict the surveyed institution's right to advance review of survey reports to verification of factual aspects only, Council directed the Committee to reconsider this matter, reporting at the next Council meeting. Administrators of surveyed programs are at present entitled to comment on any or all aspects of the survey report before it is examined by the Committee on Survey Policy.
23. It was decided that, in the annual list of accredited programs, non-approved programs would not be recorded but information on the accreditation status could be released by the secretariat on request.

EDUCATION

24. To assist in attaining continuity and to provide experienced expertise, Council authorized the Accreditation Co-ordinator to second, for a 3-year period beginning in 1975, one specialist from the United States for each graduate and postgraduate survey in his specialty.
25. Having regard for the growing importance of the present survey system, the Committee were directed to review the current survey practices and provide Council with the results of such review. A meeting on the subject between the Committee and a representative group of the ACFD will be arranged.

SPECIALTIES

26. No applications for specialty recognition were received by the Council during the past year.

CONTINUING EDUCATION

27. The Committee met in Vancouver in October 1973. Members are: Dr. G.S. Beagrie, Toronto (chairman); Dr. D.V. Chaytor, Halifax; and Dr. M.J. Lipkind, Calgary.
28. The Council's Committee on Continuing Education reported having circulated a questionnaire to a sample one thousand CDA members from which it was expected that information specific to continuing education needs could be assessed. Questions related to methods of continuing education they found most suitable, whether continuing education should be mandatory for licence renewal, in what areas of dental practice they would most wish further education, length and time of year for formal courses, past reasons for not attending, who should be the primary organizers, etc. As a result of the questionnaire (the response to which was an encouraging 70%), two points were of special interest: in reply to the question "do you think continuing education necessary to enable you to practise good dentistry?", the reply was an almost unanimous "yes"; 69% of the respondents replied "yes" to the question "do you feel some formal continuing education should be mandatory to maintain license in the province?"
29. Although several suggestions have already emerged from the Committee, studies will continue for a further year at which time it is hoped that the Council may be able to make positive recommendations to the Board.

DENTAL APTITUDE TEST COMMITTEE

30. The Committee met in Toronto in December 1973 and again in March 1974. Members are: Dr. R.E. Echlin, Burlington (chairman); Dr. W.R. Teteruck, London; Dr. F.D. Dempster, Toronto; Dr. R.M. Grainger, Toronto (consultant). Miss B.I. Nicholl is the Program Administrator.
31. The number of dental school applicants tested in the CDA DAT Program in 1973 was 1,912 compared with 1,521 the previous year. (Note: 2,022 were tested in 1974). Five schools reported 100% tested admissions; 84.0% of the admitted applicants in the 1973-74 year had been tested.

EDUCATION

32. In the year ended June 30, 1973, total program's excess revenue over expenditure appeared as \$25,290, compared with \$17,061 last year.
33. Because of increasing workloads, insufficient availability of university computer space and the desirability of converting other CDA programs to computers, Council authorized the release of aptitude test funds to rent or purchase a computer configuration on which time could be sold to other CDA departments. Subsequently this idea was abandoned and arrangements have now been made for the rental of space. Cost of the dental aptitude test program scoring and validation studies requirements is now estimated to be less than half of the previously authorized expenditure.
34. As authorized by the Board (1973T31), a workshop on dental school admissions was held in Toronto in February. Representatives of all dental schools, the university admissions offices, the American Dental Association and the Council on Education exchanged information on policies and practices; delegates felt it was a good beginning to increased liaison and the development of fresh ideas in this vital area of concern to dentistry. Hopefully future meetings can be developed which will pinpoint specific problems and suggested solutions.
35. This year, for the first time since the inception of the program, a personality test was administered to candidates on a voluntary basis. More than 90% took the test. Validation studies are continuing under the direction of Dr. R.M. Grainger and the correlations relative to this specific test are anticipated with special interest.
36. Council recognizes that if the program is to continue and its value realized, radical changes in test content, utilization of results and development of methods of education in the interpretation and application of the results must be undertaken. Because of these new directions, the current members requested that the Committee be dissolved and reconstituted to include a nationally recognized authority in the field of tests and measurements, an experienced member of a dental faculty admissions committee, a statistician, an educational psychologist and a member of the Council on Education. Council believes that this energetic, informed group will provide the leadership necessary at this point in the program's development.

STUDENT MEMBERSHIP

37. The Committee met in Toronto in August 1973. Members are: Dr. D.J. Kenny, Toronto (chairman); Dean W.J. Dunn, London; Miss 'Tricia Courtright, London.
38. Council was particularly interested to note that at January 15, 1974 a total of 923 (50.8% of total dental school enrolment) students had joined the CDA membership program. This sizeable exhibit of voluntary interest is of great significance to the future membership structure of the Canadian Dental Association, and the Council urges strong support for this vital program.
39. The report of the Fifth Canadian Dental Students' Conference held at the Universite de Montreal and McGill University in November 1973 indicated again that the annual meeting was of benefit to the delegates

EDUCATION

and through them to the student membership at large. Council is indebted to the Canadian Fund for Dental Education for underwriting the costs of the Conference through a special grant, to the faculty and students of the dental schools at Universite de Montreal and McGill University, and to the Ordre des Dentistes du Quebec for the generous hospitality, interest and encouragement extended to the participants.

40. To strengthen the CDA presence in dental schools, the delegates resolved to form a student membership committee in each faculty with representatives from first, second and third years. The second year student will become the delegate to the Canadian Dental Students Conference in his third year, and the fourth year student will become an adviser.
41. In 1970 the student members of the Canadian Dental Association were gratified with the Board's decision (1970T123) to provide non-voting representation for them on the Board of Governors. CDA by-laws (Article VIII, Section 1(b)) were changed accordingly. In order to reflect the students' wish to be involved actively and responsibly in the Association's affairs, the Council now presents the following resolution for Board approval:

RESOLVED

that the Board of Governors approve the necessary CDA by-law amendments to permit voting representation of one delegate from the Canadian Dental Students Conference to the CDA Board of Governors.

Adopted

42. This resolution has also been sent to the Task Force on CDA Organization with the Council on Education's endorsement.
43. Council again supported the Conference's request that the National Dental Examining Board consider the appointment of a non-voting student representative as soon as possible, and that the amount of their certifying fee be kept under constant review in the hope that it could be reduced to a level commensurate with the Board's financial requirements.
44. Corporate membership in the International Association of Dental Students was approved for the Canadian Dental Students Conference.
45. The Student Table Clinic Program at the CDA National Convention continued into its third year, with delegates from all ten schools presenting clinics in Vancouver.
46. In accepting his resignation, Council expressed its appreciation to Dr. David Kenny for his leadership in the activities of the CDA student membership program for several years. Three new appointments will be made to the Committee during the summer of 1974.

RECRUITMENT

47. Recruitment activities during the year consisted of wide distribution of the CDA career pamphlets and film. It was suggested to Council that

EDUCATION

a new recruitment film should be obtained when funds are available. The Association continues its involvement with the Youth Science Foundation by presenting two annual prizes of \$100 each in the Canada-wide Science Fair. Council is grateful to Dr. James Zimmerman of Calgary for his service as judge of the CDA competition in 1974.

The Board were informed that the following are the names of the winners of the Youth Science Foundation Fair's CDA awards:

*James Cheeser, Grade 12 student at
Aldershot High School, Burlington, Ont.;
Larry Goldstein, Grade 11 student at Grant
Park School, Winnipeg, Manitoba*

NATIONAL DENTAL EXAMINING BOARD OF CANADA

48. Council's two representatives on the Board, Dr. M.J. Crompton of Moncton and Dr. E.R. Ambrose of Montreal, presented a summary of the Board's activities over the past year. Appreciation for the NDEB contribution of \$8,000 to assist in funding the CDA accreditation program was expressed.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

49. Dr. W.H. Feasby was the Council's 1973-74 representative to the ACFD. Following his comments and as a result of the ACFD representatives' expressed interest, Council agreed in principle to the transfer of its annual teaching conference to the ACFD, commencing in 1976, on condition suitable funding could be arranged by the ACFD and that the annual discipline-oriented conference would continue for at least three years. (see also para. 52)

ASSOCIATION OF CANADIAN MEDICAL COLLEGES

50. Dr. W.J. Dunn represented the Council at the annual meeting of the Association of Canadian Medical Colleges. Council was also informed by the ACFD representative that the possibility of a joint meeting of ACME and ACFD was under discussion.

8th BIENNIAL CONFERENCE ON CANADIAN RESEARCH AND EDUCATION

51. Dr. W.H. Feasby reported the agenda and locale of the June 1974 Conference; Council chairman was appointed to represent the Association at the meetings.

TEACHING CONFERENCE (see also para. 49)

52. The subject of the 1974 Teaching Conference, held in the CDA Board Room, was "Control of Pain and Anxiety". Council heard a report by the Conference Chairman, Dr. David Donaldson of the University of British Columbia. The report was circulated to dental schools and is available by writing to the CDA headquarters. As a result of the Council discussions, the ACFD Committee on Education were invited to develop guidelines for the teaching of the control of pain and anxiety in Canadian dental schools.

EDUCATION

53. The topic of the 1975 Conference will be "Practice Management".

NATIONAL CANCER INSTITUTE

54. Council was interested in the report of its representative to the National Cancer Institute, Dr. D.L. Anderson of Hamilton. His tenure in this assignment has been renewed for another three years.

COUNCIL STUDIES

55. "Dental Education Register" and "Applicants and Applications to Canadian Dental Schools"
As reported to the Board last year, responsibility for the publication of these two documents has been transferred to the Association of Canadian Faculties of Dentistry. The ACFD has assumed the costs of accumulating the statistics; the CDA will continue to pay the costs of printing and distribution, for the time being.
56. "Foreign Dentists"
At the request of the Council on Education, data on the performance of foreign dentists in Canadian dental schools have been collected by the Bureau of Dental Statistics for the years 1968-69 through 1972-73. An analysis of these data was presented to the Council and, with the consent of the participating schools, has been released to all Canadian dental schools on a "not for publication" basis.

NATIONAL COLLEGE OF DENTISTRY

57. As requested, the National Dental Examining Board supplied the Council with an interesting report on its foreign dentist examination experience. This information, with the concurrence of the officials of NDEB, has also been made available to dental schools. No further action was taken by Council with respect to the proposal for a National College of Dentistry (1973T33-34).

CANADIAN DENTAL HYGIENISTS ASSOCIATION

58. The representative of the CDHA, Mrs. Joan Voris, presented Council with an interesting and informative report on the activities of her Association over the past year. (see also para. 6)

CANADIAN DENTAL NURSES AND ASSISTANTS ASSOCIATION

59. In support of a request from the CDN&AA, and to complement the CDHA non-voting representation on the Council, the following resolution is presented for Board approval:

RESOLVED

that the Board of Governors approve the amendment of CDA by-law, Article XIV, Section 4(b), second paragraph, to provide for a non-voting representative on the Council on Education from the Canadian Dental Nurses and Assistants Association,

EDUCATION

such representation to be selected by the CDN&AA and to be without CDA financial responsibility.

Adopted

DENTAL AUXILIARIES

60. CDA Conference on Dental Auxiliaries

Dr. L.G. Mandin represented the Council at the CDA Conference held in Banff in January 1974. (see also the report of the Council on Health Care). He gave Council a summary of the proceedings; the full report is available from CDA headquarters on request.

61. Education, utilization and supervision
of dental auxiliaries

As directed by the Board (1973T108), the Council on Education appointed Dr. D.J. Yeo to work with the Council on Health Care representative on the establishment of guidelines with short and long-term projections applicable to education, utilization and supervision of auxiliaries. A report is expected for the 1975 Board meeting.

62. In addition, Council endorsed a Council on Health Care recommendation that corporate bodies and administrators of training institutions be encouraged to develop additional programs for the training of dental auxiliary educators. Dental schools were also urged to establish or strengthen undergraduate and continuing education courses on the utilization of auxiliaries.

AMERICAN DENTAL ASSOCIATION

63. Council was pleased to have Dr. T.J. Ginley, Secretary of the Council on Dental Education of the American Dental Association, attend its annual meeting. Dr. Ginley explained in some detail the reorganization of the ADA Council and the establishment of a new Commission on Accreditation of Dental and Dental Auxiliary Educational Programs in the United States. This continuing liaison between our two Councils is extremely helpful.

CANADIAN FUND FOR DENTAL EDUCATION

64. The presence of Mr. M.E. Bower, Chairman of the Board of Trustees of the Canadian Fund for Dental Education, gave Council an opportunity to express appreciation to the Fund for financial assistance for several Council projects, including the initial surveys of postgraduate and graduate programs, student clinic and student conference, and the annual Teaching Conference.

EDUCATION

Appendix 1

REQUIREMENTS FOR APPROVAL OF AN UNDERGRADUATE DENTAL PROGRAM

The Council on Education of the Canadian Dental Association is dedicated to the objective of developing and improving dental education in Canada to the highest possible levels. The Council has presented requirements and guidelines pursuant to dental school evaluation since 1948 and through its committees and survey teams has been accrediting programs since 1950. The Council on Education would reaffirm that in conducting evaluation surveys its prime purpose is to assist, stimulate and recommend methods and procedures that enable sponsoring institutions to improve the effectiveness of their programs. To this end, the Council considers the encouragement of sound educational experiments and innovations to be an integral part of its accrediting responsibility. It is not the Council's intention to impose a system of regimentation which would lead to the standardization of teaching programs in Canadian dental schools.

The following areas will be assessed as they pertain to the stated objectives of the individual dental program:

- University relationships
- Financial administration and support
- Physical facilities
- Library
- Admissions
- Curriculum
- Faculty
- Research
- Hospital and medical school relationships
- Graduate, post-graduate and continuing education.

University Relationships

In the opinion of the Council the dental school should exist as a Faculty or College of a recognized university enjoying the same status and responsibility as any other Faculty or College in that University. All resources of the University should be available to the students of the dental school. It is expected that the standards of teaching and scholarship found to exist in the dental school will place it on a level with other professional schools in the parent institution.

Financial Administration and Support

Of particular interest to the Council is the adequacy of the available financial support and management relative to the program's announced objectives. The continuity of this support must be demonstrated to insure ongoing quality instruction. It is expected that the parent institution views in a practical manner the unique costs involved in dental education. Income generated by clinic fees should bear no direct relationship to educational costs.

EDUCATION

Appendix 1, cont'd

Physical Facilities

In surveying a school, the Council will examine the type of building, the equipment of the classrooms, laboratories and clinics and the general condition in which these are found. These will be viewed in light of current concepts and philosophies of dental practice and education, and in light of the degree to which these facilities permit effective attainment of the program objectives.

Library

The library will be viewed in its role as a learning centre in the dental program. It must, whether established separately or within a combined library, be professionally administered, well housed, convenient and accessible. It must be sensitive and responsive to the teaching and research activities of the program.

- * The Council encourages expanded development and use of audiovisual material and modern techniques of information retrieval. It further encourages the library to promote student, staff and faculty understanding of the information available for their use.

Admission Standards

Dentistry is a scientific discipline. Students interested in the study of dentistry must be qualified to undertake the biological and physical science courses in the curriculum. This requirement coupled with the necessity of exposure to the humanities and social sciences will require appropriate preprofessional education.

The selection of students for admission should be based on estimates of their capacity for success in the study of dentistry. Evaluation of applicant qualifications should include information regarding their character, the quality of their preprofessional education, health status and aptitude for and interest in a career in dentistry.

- *The Council recognizes that there may be varying patterns of pre-professional education but the Council would expect at least two years of college preparation or an equivalent recognized by the Council on Education.

The Council maintains a particular interest in admissions testing and would encourage dental schools in the use and evaluation of tests and measurements of demonstrated usefulness.

The Council would emphasize that specific information regarding pre-professional requirements should be readily available to advisors and applicants.

EDUCATION

Appendix 1, cont'd

Curriculum

The Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public, and its success in realizing these objectives. It is the responsibility of every dental school to maintain under continuing review and amendment the undergraduate programs offered. Council will expect not only a well balanced curriculum but also one which recognizes the changing patterns of dental practice through appropriately placed emphasis in specific areas of the undergraduate program.

The following list, although not exhaustive, represents the main core of subjects which the Council expects to find in an approved program, although not necessarily identified by a specific course title or name:

- Anatomy
- Anaesthesiology - general and local
- Biochemistry
- Dental Anatomy
- Dental Materials
- Diagnosis
- Embryology
- Endodontics
- Ethics
- Histology
- History of Dentistry
- Hygiene
- Jurisprudence
- Medicine - General and Oral
- Microbiology
- Occlusion
- Operative Dentistry
- Orthodontics
- Pathology
- Paedodontics
- Periodontics
- Pharmacology and Therapeutics
- Practice Management
- Preventive Dentistry
- Prosthodontics
- Public Health
- Physiology
- Radiology
- Surgery - General and Oral

Particular attention should be given to the inter-relationship of subjects, especially to the application of the basic health sciences to the clinical dental subjects, so that the whole course comprises a related body of

EDUCATION

Appendix 1, cont'd

knowledge rather than one of individual and separate subjects. While not minimizing the importance of the technical skills of dentistry, the concept should be established that the science of dentistry rests firmly upon a thorough education in the biological sciences.

The value of the curriculum in a dental school will be considered by the Council on an individual basis. In a progressive science, the curriculum cannot remain static and it is considered advantageous to dental education as a whole that individual schools give leadership in certain departments. The curriculum will be judged in terms of achievement of its own stated aims rather than conformity to a fixed pattern. The time devoted to a subject will be expected to bear a definite relationship to the chief ends sought in dental education, namely to qualify the graduate to assume his most effective position in the profession to meet the dental health needs of the public.

Instruction should be such as to lead the student to independent thought and to the position where he assumes full responsibility for his own progress. In this way he should be encouraged through a spirit of enquiry to make valid contributions to his profession through intelligent research.

It is expected that an effective and valid system of examination and student progress assessment shall be applied in every dental school. Understandably these systems and techniques will vary from school to school. However, the Council must be satisfied that these systems accurately establish the basis for judgements which will govern the promotion or graduation of the dental students concerned.

- * The Council will be particularly interested in the familiarization of the dental student to the services rendered by dental auxiliary personnel. The education, training and experience provided in the utilization of auxiliary personnel will be carefully examined.

Faculty

In assessing the scholastic program, the Council will consider the general and professional education, clinical competence, preparation and experience for teaching and research, and the productive scholarship of the faculty. The administrative responsibilities, remuneration, tenure and security received by the faculty will be examined.

Standardization through the adoption of specific student - to - teacher ratios is not essential. However, the proportion of faculty who devote full time to the institution is considered significant.

- * The Council believes that active practitioners who teach part-time bring to the dental school a

EDUCATION

Appendix 1, cont'd

service and viewpoint which should not be lost. It is also recognized that teaching in itself is a profession and professional education on the university level demands qualified persons who devote their careers to teaching and research. The Council expects to find the faculty continuing their professional development.

Research

The Council expects that there will be a commitment to research activity by the dental school. This responsibility should involve teachers and students and should have the support of the parent university relative to finances and facilities.

- * The Council will expect an appropriate balance of faculty involvement between teaching and research. Investigations leading to the improvement of the educational program should be included in the activities.

Hospital and Health Sciences' Programs Relationships

It is essential that the dental school have a functional relationship with an approved hospital. This relationship should afford the student opportunities to provide direct patient care, while participating in the management of the health and social problems of the hospital patient and to learn hospital procedures and medical-dental relationships. The student should be prepared to provide comprehensive dental service in the hospital of the community in which he will practice.

A cooperative relationship should exist between the dental school and other health sciences' schools or programs of the university.

In the best interest of total health service to the public, a basic core of knowledge, encompassing the diagnostic oral and systemic inter-relationship, should be transmitted equally to students of dental and other health science faculties to achieve understanding and cooperation among their graduates.

- * Emphasis in dental and medical education is toward comprehensive patient care with a team approach to the delivery of care. Because of changes in life expectancy, advances in medical and dental care and changes in emphasis in dental education, more patients in the future will receive dental treatment as a component of comprehensive health care in the hospital

EDUCATION

Appendix 1, cont'd

environment and other similar institutions. The student, then, should obtain general informative experience in hospital organization, protocol, and administration. This program should include a description of the role of the hospital in the delivery of comprehensive patient care and the role and scope of dentistry in that care. The indications for treating patients in hospital, in both its inpatient and out-patient facilities, should be included. It is expected that the hospital program will significantly enhance the student's understanding of systemic and regional disease processes, and the general and dental implications of disease while preparing him to perform general dentistry for those patients whose health dictates that they must receive treatment in the hospital. Experience in the control of dentally related emergencies should be provided and should include hospital emergency room experience.

The university - hospital affiliation requires a formal agreement with an established policy base covering all responsibility and authority. The Council expects to find joint faculty appointments at both institutions.

Graduate, Postgraduate and Continuing Dental Education

The Council is interested in the role of the dental school in graduate, postgraduate and continuing dental education and will examine the relationship that exists between the undergraduate program and these areas with reference to utilization of faculty, staff and facilities. In respect of a graduate or postgraduate program, the balance being achieved in the deployment of personnel and resources will be such that the interests of both the undergraduate program and the graduate program will be protected. As dental education is an ongoing process, the existence of a continuing education program within a dental school is demonstrative to the undergraduate of the importance of this concept.

General Statement

In presenting its requirements for the approval of an undergraduate dental program, the Council on Education seeks to encourage the advancement of Canadian dental education. It has as its ultimate objective the advancement of the dental profession and the improvement of dental health in Canada.

ENDODONTICS

EXECUTIVE: Charles Aho, President, Toronto; Pierre Dow,
President Elect, Vancouver; Benjamin Sedlezky,
Secretary-Treasurer, Montreal.

R E P O R T

ANNUAL CONVENTION

1. The 1974 annual convention will be held in Toronto, on the week-end immediately preceding the CDA Convention so that members will be able to participate in both with a minimum of extra expense. The program chairman is Dr. Paul Vanek.

MEMBERSHIP

2. Our membership continues to grow with new members from all regions of the country.

NEWS BULLETIN

3. Our publication under the aegis of Dr. G. Hare tells of widespread activity amongst the local study groups with our members in key positions.

AUXILIARY PERSONNEL

4. Dr. John Storms participated in the Banff workshop on Auxiliary Personnel and his report was published in the Bulletin.

PLANS FOR THE FUTURE

5. Initial steps for the holding of a "workshop for the undergraduate university endodontic teachers" are now being developed. This should be of interest to all endodontic departments of the Canadian dental schools and of special value to the newly established ones.

This report is informative. The Endodontics Section is commended for its work during the year.

ETHICS

MEMBERS: G.E. Decker, chairman, Edmonton; R.G. Epstein, Halifax;
J.P. Beattie, Winnipeg; K.F. Pownall, Toronto; M.B.
Archambault, Montreal

R E P O R T

1. The Council on Ethics had few representations made to it during the year; however, there were some.
2. The question of the ethics of collecting dental fees by means of a bank credit card was submitted. The Council advised that, providing the provincial licensing body does not prohibit the use of bank credit cards, and providing the dentist does not display signs outside his office signifying that bank credit cards are honoured, it is not unethical to accept payment of fees in this manner.
3. It was requested that consideration be given to the case of a dentist who refused to complete an insurance claim form until his account had been paid. No immediate answer was requested, and the Council members agreed that the entire scope of the ethics involved in third party relationships should be discussed at a meeting of the Council, rather than attempting to reach a decision by mail.
4. It was brought to the attention of Council that a pharmaceutical firm was allegedly falsely advertising certain drugs used by the dental profession. This did not seem to fit into the terms of reference of this Council, and was referred to the Council on Research.

BUDGET

5. Although the Council was given a budget of \$1,000., no meeting was held in the last year, as the members did not feel one was necessary. However, it is recommended that this Council hold a meeting in the coming year, and it is requested that a budget of approximately \$1,200. be provided.
6. No other recommendations or resolutions are presented.

The Board requests the Council on Ethics to give consideration to the question of the ethics of dentists charging a fee for the completion of the necessary claims forms to facilitate payment by third parties.

EXECUTIVE

MEMBERS: J.E. Abra, Chairman, Winnipeg; D.K. Peters, St. John's; S. Silver, Montreal; D.C. Clee, Toronto; J.F. Reid, Vancouver; H.L. Mussells, Westmount; F.T. Wihak, Regina.

REPORT

1. Since the 1973 Board sessions, Council met four times, October and December 1973, April and August 1974.

APPOINTMENT OF COUNCIL CHAIRMEN

2. Council reappointed the following Council chairmen for a further one-year term:

Dr. W.J. Spence	- Council on Information Services
Dr. H.R. MacLean	- Council on Constitution and By-laws
Dr. K.C. Bentley	- Council on Hospital Services
Dr. H.C. Bugden	- Council on Legislation
Dr. N.R. Thomas	- Council on Research

3. New appointments as Council chairmen for terms of one-year were:

Dr. R.G. Dickson	- Council on Health Care
Dr. M.J. Crompton	- Council on Education
Dr. G.E. Decker	- Council on Ethics
Dr. R.A. Hugill	- Council on Insurance and Investment

4. Other Council appointments:

In addition to the several Council committees on which comment is made elsewhere in this report, Council has appointed Association representatives to the following agencies.

Dr. J.H.P. Main (Toronto) - National Education Committee of the Canadian Cancer Society

Dr. D.C. Clee (Toronto) - Care of Canada, Medical Advisory Board

Dr. J.R. Callingham (Ottawa) - Health Services Advisory Committee to the Canadian Penitentiary Service

Dr. H.W. Reid (Toronto) - Advisory Committee to the Faculty of Dentistry, University of Western Ontario

Dr. A.D. McLean (Picton) - Canadian National Exhibition Association

Dr. D.L. Rife (Toronto) - Canadian Council on Children and Youth

Dr. G.V. Fisk and Dr. C.O. Munroe (both of Toronto) - Health League of Canada

Dr. M.A. Rogers (Montreal) - National Health Accreditation Council

EXECUTIVE

Dr. R.M. Grainger (Prescott) and Dr. W.W. Shortill (Winnipeg) -
National Dental Manpower Committee

Dr. P.M. Jackin (Winnipeg) - Advisory Committee to the Secretary
of State on Science and Technology

Dr. D.K. Peters (St. John's) - Standards Council of Canada.

DR. D.W. GULLETT

5. After a long and distinguished career in dentistry, Dr. Donald W. Gullett, former Secretary of the Canadian Dental Association, died at Toronto, November 2, 1973.
6. In recognition of Dr. Gullett's outstanding contributions to dentistry and particularly to the Association, Council unanimously recommends Board approval of:

RESOLVED

that the Board of Governors establish a
suitable commemorative memorial in the
name of Dr. Donald W. Gullett.

Adopted

NATIONAL DENTAL MANPOWER COMMITTEE

7. Council considered a proposal for the formation of a National Dental Manpower Committee (see Appendix 1), and as a result
 - (1) accepted the invitation of the Department of National Health and Welfare to participate
 - (2) appointed Dr. W.W. Shortill of Winnipeg and Dr. R.M. Grainger, Association editor and Director of the Bureau of Dental Statistics as the Association's representatives
 - (3) appointed Dr. Shortill to the Executive of the National Manpower Committee

On motion from the floor:

RESOLVED

*That the Board of Governors rescind its
previous policy on dental manpower and
further direct the Executive Council to
institute a study in co-operation with
the corporate members on dental manpower
needs.*

Adopted

EXECUTIVE

STANDARD CLAIMS FORM

8. During the 1973 meeting, the Board of Governors gave approval in principle to a standard claims form and relative documentation stating that it be left to the discretion of the Executive Council whether to recommend its adoption to the corporate members. (1973T:112)
9. After further collaboration with the Council on Health Care regarding these forms, Council approved them and recommended them to the corporate members as nationally approved claims forms.

UNIFORM SYSTEM OF CODING AND LIST OF SERVICES

10. The 1973 Board similarly left to the discretion of the Executive Council the recommendation to corporate members of the Uniform System of Coding and List of Dental Services developed by the Council on Health Care. (1973T:111)
11. As a step toward national standardization of terminology and coding of dental services, Council has made this recommendation, fully cognizant of the fact that the list will be subject to regular revision and that the rate and extent of its implementation will depend on its applicability to the requirements in the individual provinces.

RELATIVE VALUE METHOD OF FEE DETERMINATION

12. Dr. W.D. McDougall of Victoria, was asked to chair an ad hoc committee to make recommendations for validating or improving the Association's relative value formula for establishing dental fees. (1973T:77)
13. Dr. McDougall provided Council with an excellent report on a mechanism by which the formula could be studied. As the mechanism involved several stages of investigation and a considerable outlay of funds, Council, with regret, deferred action on the proposals until the results of the CDA Task Force are known and it has been possible to establish priorities for Association activities.

HEALTH ACCREDITATION COUNCIL OF CANADA

14. Appendix 2, "A National Accrediting Agency", briefly outlines steps which have occurred toward the development of a Health Accreditation Council for Canada.
15. After lengthy consideration, Council:
 - (1) endorsed the formation of a national health accrediting agency as outlined in the report and recommendations of the Working Group;
 - (2) agreed to participate in such an agency;
 - (3) agreed in principle with the recommendations (terms of reference) for the "Health Accreditation Council of

EXECUTIVE

Canada" with the exception that, as a major health profession extensively involved in accreditation of both educational and service programs for many years, CDA's position on the Council should be ongoing rather than subject to the recommendations of the Canadian Council on Hospital Accreditation,

- (4) appointed Dr. M.A. Rogers, the Association's accreditation co-ordinator, as the CDA representative to the Accreditation Council.

16. At the time of writing this report, no further meetings of the Accreditation Council have been held.

DENTAL REPRESENTATION ON GOVERNMENT HEALTH COMMITTEES

17. The 1973 Board directed that an effort be made to determine if the corporate members would be interested in a co-ordinated and simultaneous approach to provincial and federal ministers responsible for dental services to encourage them to include dental representatives on all health committees, and that if there was general agreement CDA undertake to co-ordinate the efforts in having it implemented.
18. The corporate member secretaries, during their December 1973 conference, were asked if such a co-ordinated approach was feasible. As some secretaries were of the opinion that a further approach to their respective provincial ministers was not appropriate at that time, the approach as envisaged by the Board, was not possible.
19. As an alternative, it was suggested that the federal minister of health be approached with the request that he bring the matter to the attention of his provincial counterparts via the federal/provincial Health Ministers' Conference.
20. Such a letter was written to the Honorable Marc Lalonde, January 7, 1974. An excerpt from Mr. Lalonde's reply reads:

"You may be assured that I avail myself of every appropriate opportunity to express my opinions in this matter at the federal and provincial levels.

Please convey to the Board of Governors of the Canadian Dental Association my appreciation of their concern and for their kind offer of continued co-operation in the future".

MEDISCOPE

21. The Canadian Medical Association's tabloid newspaper (1973T:59) designed as a vehicle for communication between all health professionals has been discontinued. Insufficient advertising to cover the high costs of publication and distribution made it impossible, after a few issues, to continue the bimonthly publication.

HONORARY MEMBERSHIP

22. Article XI, Section 7(f) of the CDA By-laws authorizes Council to elect honorary members. On this authority, Council elected to invite Dr. J.H. Johnson of Toronto, formerly Professor and Head of the

EXECUTIVE

Department of Oral Surgery at the Faculty of Dentistry, University of Toronto, to accept honorary membership in the Association.

23. The award will be conferred on Dr. Johnson during the Installation Luncheon, on Wednesday, October 9, 1974.

BUREAU OF DENTAL STATISTICS

24. Seriously hampered by the budget restrictions imposed on the Bureau (1973T:90 and 243) for its 1974 activities and the priority of the CDA Task Force requests, the Bureau has not been able to broaden its base of activity as envisaged in its 1973 report. (1973T:88-90)
25. The availability of a new rental computer facility and a re-allocation of Dr. Grainger's time as Bureau Director give promise of a more effective use of time and facilities than has previously been possible.
26. Appendix 3 provides a summary of the Bureau's 1974 activities.

BUREAU OF PUBLIC INFORMATION

27. Miss P. Lundie, the Association's Public Information Officer, presented a report on the Bureau of Public Information activities, as shown in Appendix 4.
28. Noting the recommendation in the report concerning Mr. L. Bowen, the Association's Fluoridation Officer, and the fact that the Department of National Health and Welfare was not yet in a position to assume the full responsibilities it had agreed to accept regarding fluoridation (1973T:59), Council authorized the retention of, and was fortunate to obtain, Mr. Bowen's services on a provisional part-time basis.
29. On the recommendation of both the Bureau and the Council on Information Services for a re-allocation of the 1974 budgeted funds, Council authorized the requested re-allocation in an effort to give emphasis to membership and its communication problems.

CDA'S SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

30. Miss Adrian Emerson, was engaged as the Association's Librarian in February 1974. She replaces Miss Colette Gagnon, who retired December 1, 1973.
31. A summary of the information provided to the February 1974 meeting of the Library Trustees appears in Appendix 5.
32. Council approved the recommendation of the Library Trustees that decision on the disposition of the Association's present archival holdings, further collections, and the selection of an archivist, be delayed until more definite plans are available regarding the proposed new headquarters in Ottawa.

EXECUTIVE

33. A student librarian was engaged during the summer months to make an inventory of the extensive stacks of dental periodicals, preparatory to a decision re their retention or disposal.

EFFECTIVE SUPERVISION : DEFINITION OF MEANING

34. The 1973 Board approved an explanatory statement on effective supervision. (1973T:54)

35. The fourth numbered paragraph - namely:

"The allied dental health worker who renders services directly for the patient will perform his or her duties within the same accommodation as that occupied by the dentist when the dentist is present"

has proven to be ambiguous.

36. The Council on Health Care also considered the 1973 statement on effective supervision. As a result, a resolution was forwarded to the Executive Council, the resolving clause of which reads:

"be it resolved

That the Executive Council be informed that in the opinion of the Council on Health Care, the Association's statement should make provision for practical flexibility that is in the public interest".

37. Because of the ambiguity and the Health Care Council's recommendation, Council reconsidered the statement and recommends that the Board approve the following substitute statement:

RESOLVED

"Implicit in the interpretation of the meaning of effective supervision by a dentist of the services of allied dental health personnel is the requirement on the dentist to assume ultimate responsibility for the nature, extent and quality of the dental care or service received by his patient. More specifically:

- "1. The dentist will be responsible for delineating the scope of services the allied personnel will perform.
- "2. The dentist will be responsible for assuring that the allied personnel have the training, knowledge and ability effectively to perform the duties he has delegated, such duties being those not requiring the full knowledge and skill of the licensed dentist.

EXECUTIVE

- "3. The dentist will be responsible for assuring himself that the duties assigned have been competently and correctly discharged.
- "4. The allied dental health worker who renders services directly for the patient will perform his or her duties at the direction of a supervising dentist. Need for the actual presence of the dentist will be regulated by the nature of the delegated services and the requirements of the Dentistry Act under which the services are being rendered".

On motion from the floor:

RESOLVED

That paragraph 1 of the preceding resolution be amended to read:

- "1. The dentist will be present and responsible for delineating the scope of services the allied personnel will perform."

Defeated

On motion from the floor:

That paragraph 2 of the preceding resolution be amended to read:

- "2. The dentist will be responsible for assuring that the allied personnel have the training, knowledge, ability and legal qualifications if applicable effectively to perform the duties he has delegated, such duties being those requiring the full knowledge and skill of a licensed dentist but having the limited area of the application of the allied personnel."

Approved

On motion from the floor:

That paragraph 4 of the preceding resolution be amended to read:

- "4. The allied dental health worker who renders services directly for a patient will perform his or her duties at the direction of a supervising dentist."

Approved

EXECUTIVE

On motion from the floor:

That the following new paragraph 5 be added to the preceding resolution:

- "5. The CDA supports the policy that the presence of a dentist is required when intra-oral dental services are performed by auxiliary personnel. The presence of a supervising dentist will be regulated by the requirements of the Dentistry Act under which the services are being performed."

Approved

Moved that the following amended resolution be approved:

RESOLVED

Implicit in the interpretation of the meaning of effective supervision by a dentist of the services of allied dental health personnel is the requirement on the dentist to assume ultimate responsibility for the nature, extent and quality of the dental care or service received by his patient. More specifically:

- 1. The dentist will be responsible for delineating the scope of services the allied personnel will perform.*
- 2. The dentist will be responsible for assuring that the allied personnel have the training, knowledge, ability and legal qualifications if applicable effectively to perform the duties he has delegated, such duties being those requiring the full knowledge and skill of a licensed dentist but having the limited area of the application of the allied personnel.*
- 3. The dentist will be responsible for assuring himself that the duties assigned have been competently and correctly discharged.*
- 4. The allied dental health worker who renders services directly for a patient will perform his or her duties at the direction of a supervising dentist.*
- 5. The CDA supports the policy that the presence of a dentist is required when intra-oral dental services are performed by auxiliary personnel. The presence of a supervising dentist will be regulated by the requirements of the Dentistry Act under which the services are being performed.*

Approved

EXECUTIVE

ONTARIO CORPORATE MEMBER - MODIFICATION OF GRANT

38. Council received, for information, the following communication from the Executive Secretary of the ODA, dated January 14, 1974:

"At the recent meeting of the ODA Board of Governors, the following resolution was approved.

'Whereas the grant given to the CDA by the ODA is subject to change due to voluntary membership, be it resolved

'That the ODA immediately advise the CDA that the revenues they expect from the ODA may be modified to reflect the voluntary membership situation. The precise amount of the modification will be made known to them at the appropriate time'.

It was pointed out that the CDA requires notice in writing of one year, where a change in grants or membership base is anticipated. It was felt that this motion complies with their Constitution".

CDA/MEDIFACTS CONTINUING EDUCATION CASSETTE PROGRAM (1972T:87)

39. The continuing education program continues to service approximately 1,000 English subscribers.
40. Based on a successful second year of operation (no deficit) Council:
- (1) authorized extension of the contract with Medifacts for a third year on the basis of a 1974/75 negotiated budget to provide a small surplus
 - (2) agreed that occasional CDA approved commercial advertising be included in the cassettes if interested advertisers can be found
 - (3) approved the offering of a one-year subscription for two-thirds the regular fee to all dental students and first year dentistry graduates
 - (4) recommended that efforts be made to increase the non-academic content of the program into areas such as practice management, business management, office arrangements, etc.
 - (5) complimented Dr. George Beagrie on his services as editor of the cassette program.

AUDITORS

41. Council again approved the reappointment of Thorne, Gunn and Company, renamed, Thorne Riddell, as the Association's auditors and recommends their appointment to the meeting of corporate (voting) members.

EXECUTIVE

FEDERATION DENTAIRE INTERNATIONALE

42. The 1974 FDI World Dental Congress was held in London, England, September 8 - 14.
43. The Association's delegates, alternates and observers to the FDI General Assembly meetings were:
 - Delegates: Dr. J.E. Abra, President
Dr. D.K. Peters, Past President
Dr. W.G. McIntosh, Executive Director
 - Alternates: Brig.-Gen. L.G. Craigie
Dr. H.R. MacLean
Dr. M. Cornish
 - Observers: Dr. M.A. Kamienski
Dr. D.C. Smith
Dr. W.J. Spence
44. A chronicle of the Congress will be written by the FDI Executive Director and can be made available to interested dentists on request to CDA headquarters.

INTERNATIONAL ASSOCIATION OF DENTAL STUDENTS

45. Appendix 6, provides background information concerning a request received by Council from the Fifth Canadian Dental Students' Conference.
46. Council gave its approval to the additional expenditure of approximately \$165. to be charged against the 1974 Council on Education budget, for funding the Canadian Dental Students' Conference corporate membership in the International Association of Dental Students.

CARIBBEAN DENTAL PROGRAM

47. Dr. George Burgman and his committee members, Drs. H. Brouillet and F. Wihak continue to report excellent progress with this international dental aid program, the costs of which are underwritten jointly by the Canadian International Development Agency and the participating Caribbean Islands.
48. Canadian volunteer dentists have now provided much needed services to the Islands of St. Lucia, Montserrat, Dominica and Haiti.
49. Dr. Burgman attended the Caribbean Health Ministers' Conference in June, 1974. It is anticipated that improvements to the program and its expansion will result from Dr. Burgman's participation in the conference.

CDA CONVENTIONS

EXECUTIVE

50. 1974: The Conventions Committee (M. Cornish, chairman; M. Kamienski; and W.J. Spence), following consultation with Dr. A. Lampe of Windsor, Ontario, and the officers of the Essex County Dental Society concerning the feasibility of holding the 1974 Convention in Windsor, recommended to Council that due to insufficient bedroom and meeting room facilities in Windsor to accommodate the anticipated attendance the venue should be changed.
51. In deference to the willing co-operation offered by Dr. Lampe and the Essex Country Dental Society, for which Council is most grateful, Council reluctantly agreed to the Convention Committee's recommendation that a venue change was necessary and that the new location be the Four Seasons-Sheraton Hotel in Toronto on the most suitable dates available, namely: Board meetings - October 3-5; Convention - October 6-9.
52. Council heard and complimented Dr. Cornish and his committee on progress reports on both the 1974 and 1975 conventions.
53. Official guests who have accepted the Association's invitation to attend the 1974 meetings include:

Dr. Hans Freihofer - President, Federation Dentaire Internationale;
Sir Robert Bradlaw - President, British Dental Association;
Dr. L.M. Kennedy - President-elect, American Dental Association;
Dr. Bette Stephenson - President, Canadian Medical Association.
Brig. G. Rowell - a Past President, Australian Dental Association.
54. 1975: The dates of the 1975 annual meeting to be held in St. John's, Newfoundland, have been confirmed as follows: Board of Governors - August 14-16; Convention - August 17-20.
55. In connection with the Newfoundland meetings, Council authorized the Convention Chairman to conduct a survey of Canadian dentists as to their interest in a convention ship, if such arrangements could be made.

OTTAWA HEADQUARTERS BUILDING

56. The Task Force, in an interim report to the Executive Council, recommended that an immediate start be made on construction of the proposed new headquarters building in Ottawa. The financial information available to the Task Force when it made this recommendation was as estimated in the fall of 1973.
57. Rapid escalation of all related building costs makes it extremely difficult to provide up-to-date estimates. The latest effort in this regard, associated with alternatives in building design provided by the Association's architect, is shown in Appendix T14 of the Treasurer's report.
58. Council carefully considered the alternatives, consulted with representatives of the Canadian Medical Association over possible areas of co-operation, reviewed available funding programs, and came to the conclusion that it was in the best interests of the Association

EXECUTIVE

to proceed immediately with the architect's Plan B. Plan B is the original building plan, plus an addition to the back of the building, along with minor internal adjustments to create the maximum amount of rental space possible.

59. Accordingly, Council directed that the architect take the steps necessary to secure tenders on the proposed building at the earliest propitious date and, if possible, in time for reporting to the 1974 Board meeting.
60. During discussions about the sale of the present headquarters building, Council by motion agreed that the Ontario Dental Association should be given the first right of refusal on the property at 234 St. George Street, Toronto.

The Board recommends that the Executive Council be instructed to proceed with the building in Ottawa subject to adequate financial arrangements.

CDA MEMBERSHIP

61. In view of anticipated membership alterations in at least two provinces and the immediacy of these alterations in Ontario, Council took two specific actions. It directed the Council on Information Services to assume the role of a membership committee and it appointed a CDA/ODA liaison committee comprising Drs. Abra, Reid, Clee and Mussells.
62. The liaison committee met with the ODA representatives. It reported to Council that worthwhile discussions of many problems took place, not least of which was the apparent communications gap between the two Associations; that President-to-President conferences would be increased to solve urgent problems with greater immediacy; that joint membership promotions and billing procedures were outlined; and that both CDA and ODA representatives were optimistic about future relations.
63. Representatives of the Council on Information Services and staff met with ODA representatives in an effort to work out specific membership arrangements and promotions applicable to the two Associations for the 1975 year.
64. 1975 is considered a transitional year prior to a more complete reorganization of CDA expected to emanate from the report of the Task Force.
65. During the transitional year, a co-operative effort to attract student and individual dentist voluntary members to both the CDA and the ODA has resulted from the joint meetings. (see also the Report of the Council on Information Services, para. 20)
66. As one phase of membership activities, the Council on Information Services and the Bureau of Public Information were asked to prepare a CDA promotional brochure that would be available for use in all provinces.

EXECUTIVE

TASK FORCE ON THE FUTURE OF THE CDA

67. As directed by the Board (1973T73), Council selected a chairman for the Task Force and was most gratified that Dr. J.B. Macdonald, Executive Director of the Ontario Council of Universities, accepted Council's invitation to undertake this important assignment.
68. The corporate members were also invited to select their representatives on the Task Force.
69. The full report of the Task Force is attached as Appendix 7.
70. Council encourages all CDA members to give the Report careful and detailed study.

The Task Force report was discussed in Reference Committee but the Board took no action with regard to the specific recommendations contained in the report.

For reference purposes, a summary of the Reference Committee discussions follows the Task Force Report (see pages 171-174)

71. The exigencies of time have made it impossible to follow exactly the schedule of events for consideration of the Task Force Report as proposed to the 1973 Board.
72. Council therefore recommends an alternative schedule:

RESOLVED

that the Board approve the following sequence of steps for the study and implementation of the Task Force Report:

- 1) open discussion of the Report by reference committee #4 on Thursday afternoon, October 3 (note: no other reference committee will be meeting at that time);
- 2) the reference committee make relevant comments on the Report but refrain from making formal resolutions on which the Board must act. Excluded from this recommendation are reference committee and Board actions on the Task Force recommendation and resolution contained in the Report itself (see page 65, (1) and (2)) and on which the Task Force recommends immediate action;

EXECUTIVE

- 3) open discussion of the Report at a Board of Governors' plenary session on October 5. With the exclusions noted in (2) above, no formal action is to be taken by the Board;
 - 4) Board and Task Force members, equipped with the knowledge gained from the two open discussions of the Report during the October Board sessions, will again discuss the recommendations with their respective corporate members;
 - 5) a special meeting of the Board will be called for later in 1974 at which final opportunity for comment and action on the Report will be provided.
(see comment following para. 73)
73. To implement the suggested schedule, it is necessary to call the special meeting of the Board:

RESOLVED

that a special meeting of the Board of Governors be called for Monday and Tuesday, December 2 and 3, 1974, for the purpose of taking action on the Report of the Task Force and adopting related amendments to the Association by-laws.

The Board disagrees with these resolutions (para. 72 and para. 73) and proposes the following substitute:

RESOLVED

that statements on the Task Force Report which are anticipated from the corporate members be forwarded to members of the Board of Governors by the end of January 1975, and

that these statements be considered at a special meeting of the Board convened in March, 1975, the actual date of which will be determined by the Executive Council.

Adopted

(Ed.note: It was agreed that the Executive Council would decide who, in addition to Board members, should attend.)

EXECUTIVE

74. Council has already given the Task Force Report extensive study. It congratulates Dr. Macdonald and all members of the Task Force for the expeditious manner in which they have completed their assignment and for the excellence of the Report itself.
75. Council agrees in principle with the general philosophies enunciated in the Report. As an aid to its own further study of the Report and to that of the Board, Council identifies the following points in the Report on which it would like further clarification and/or elaboration from Dr. Macdonald, who was not present during Council's discussion of the Report:
- a) page 29 - choice of names for member categories;
 - b) page 31 - choice of term "divisional" membership;
 - c) page 31 - choice of name "Bureau of Economic Research";
 - d) page 31 - why "divisions" rather than "provinces"?
 - e) page 32 - composition of General Council; has consideration been given to DVA, DNH&W, and dentists in North West Territories and Yukon?
 - f) page 33 - composition of Executive Council;
 - g) page 34 - replacement of Treasurer by Finance Committee made up of President-elect, President and Past President;
 - h) page 34 - item 12: reduction in size of Council on Insurance and Investment;
 - i) page 35 - reorganization of Councils.
76. In addition to agreeing to be present at the Board meetings to provide explanations on the Report, Dr. Macdonald, the Task Force chairman, has kindly consented to be the keynote speaker at the Opening Ceremonies of the 1974 CDA Convention. This is an opportunity for the membership-at-large to become acquainted with the philosophies and objectives behind the Task Force's recommendations.

COUNCIL ON HEALTH CARE

77. Your President, in consultation with the Alberta Dental Association, appointed Dr. P.J. Kirby of Edmonton to membership on the Council on Health Care following the Executive Council's appointment of Dr. R.G. Dickson of Drumheller to the chairmanship of the Council on Health Care (see 1973T16).

SELECTION OF COUNCIL CHAIRMEN

78. As an aid in selecting Council Chairmen, it was decided to ask current Council members for suggestions for the chairmen of their respective Councils prior to the selections for the 1974-75 term of office.

ASSOCIATE EDITOR

79. Council expressed the Association's appreciation to Dr. Paul Simard, who has found it necessary to resign as the Associate Editor (responsible for the French language content of the JOURNAL) because of other commitments, and welcomed Dr. Gerard deMontigny, Montreal, as his successor.

EXECUTIVE

JOURNAL

80. At the request of the Editor, Council authorized a JOURNAL readership survey to be conducted by Daniel Starch (Canada) Ltd. in January 1974. The survey consisted of 110 interviews of dentists in cities across Canada who were willing to be interviewed.
81. It was reported that the overall readership compares very favourably with two other Canadian professional publications; readership is quite constant through ad pages (of special interest to advertisers); areas of special readership interest were identified.
82. Dr. Grainger and his editorial staff have taken and are continuing to take steps to adjust the JOURNAL format to comply with the members' wishes, as expressed in both the Starch survey and the more recent Task Force questionnaire, consistent with the ever-present budgetary restrictions.
83. Consistent with rising costs and the recommendations of the editorial department, Council approved a 20% increase in advertising rates and a new subscription rate for the JOURNAL itself.
84. Effective January 1, 1975, the annual subscription price of the CDA JOURNAL to non-CDA members will be \$15 in North America and \$17 overseas.

GUIDELINES FOR ESTABLISHMENT OF HONORARY MEMBERSHIPS

85. In 1972 the Board established certain guidelines to be followed by Council in selecting candidates for honorary membership (1972T81). The implementation of these guidelines has given rise to some concern.
86. Council therefore appointed a committee (J.F. Reid, chairman; H.L. Mussells; and F.T. Wihak) to give further study to the matter and also to give consideration to the establishment of an award, other than honorary membership, for distinguished service to the Association.

RECOGNITION OF RETIRING OFFICERS AND OFFICIALS

87. A method of recognizing service to the Association by retiring officers and officials is also being studied in conjunction with the development of guidelines for honorary memberships and a distinguished service award mentioned in the preceding paragraph.

FUNDING OF ACCREDITATION PROGRAM

88. The 1973 Board approved a resolution which requested the Association of Canadian Faculties of Dentistry and those educational facilities not represented by the ACFD to each participate in the funding of the CDA accreditation of their respective educational programs. (1973T65)
89. The Council on Education subsequently informed the Executive Council that it did not agree with either the premise or the resolving

EXECUTIVE

clauses of the Board's resolution and suggested instead that action be taken to encourage the provincial dental licensing authorities to assist in the funding of the CDA accreditation program.

90. At the time of writing this report no official comment had been received from ACFD re the 1973 Board resolution.
91. The Executive Council reconsidered the topic and as a result submits the following resolution for Board approval:

RESOLVED

that provincial dental licensing authorities be requested to assist in the funding of the CDA accreditation program, and

that, commencing in January 1975, they be assessed an annual service fee of \$2. per licensed dentist in return for accreditation evaluations of Canadian undergraduate dental, dental hygiene and dental assisting programs, and graduate and postgraduate programs in CDA-recognized specialties.

Adopted

SECTION APPLICATIONS

92. Canadian Academy of Oral Pathology: The following resolution is presented for Board approval:

Whereas in the opinion of the Council on Constitution and By-laws the submitted constitution and by-laws of the Canadian Academy of Oral Pathology are not in conflict with those of the CDA and

whereas the specialty of oral pathology has been recognized by the CDA (1972T63), be it

RESOLVED

that the Canadian Academy of Oral Pathology, as the national organization of the recognized specialty, be granted section status in the Canadian Dental Association.

Adopted

93. Canadian Academy of Oral Radiology: The following resolution is presented for Board approval:

Whereas in the opinion of the Council on Constitution and By-laws the submitted constitution and by-laws of the Canadian Academy of Oral Radiology are not in conflict with those of the CDA and

EXECUTIVE

whereas the specialty of oral radiology has been recognized by the CDA (1973T29) be it

RESOLVED

that the Canadian Academy of Oral Radiology, as the national organization of the recognized specialty, be granted section status in the Canadian Dental Association.

94. Association of Prosthodontists of Canada: In 1973 (1973T61), the Board deferred consideration of the application of the Association of Prosthodontists of Canada for section status until (1) a suitable definition for prosthodontics had been approved by the Board and (2) a mechanism had been provided by the Royal College of Dentists of Canada for an interim examination in restorative dentistry as now defined. The definition of prosthodontics (1973T28) received the agreement of both the Canadian Association of Prosthodontics and the Canadian Academy of Restorative Dentistry, but evidence was presented to the Executive Council through a letter dated June 20, 1974 from the President of CARD that his Academy were still not satisfied that adequate arrangements had been made for the RCDC examination. The Council has been informed that this matter will likely be resolved at the RCDC annual meeting in October 1974 and therefore presents the following resolution for Board approval:

Whereas the original premise was that the Association of Prosthodontists of Canada and the Canadian Academy of Restorative Dentistry would work together under the common definition that was approved a year ago (1973T27) and

whereas evidence has been presented by CARD that they are still not satisfied that there has been proper liaison, be it

RESOLVED

that action be deferred on the APC application for section status in the hope that CARD and APC can come forward with mutually acceptable by-laws and a joint application for section status.

On motion from the floor:

That the resolving clause of the preceding resolution be amended to read:

"that action be deferred on the APC application for section status."

Adopted

EXECUTIVE

The following amended resolution is proposed:

Whereas the original premise was that the Association of Prosthodontists of Canada and the Canadian Academy of Restorative Dentistry would work together under the common definition that was approved a year ago (1973T27) and

whereas evidence has been presented by CARD that they are still not satisfied that there has been proper liaison, be it

RESOLVED

that action be deferred on the APC application for section status.

*Adopted
(see additional Board comments following report of RCD/C)*

HEADQUARTERS PROPERTY

95. The Headquarters Property Committee (C.E. Purdy, chairman; A.B. Hord and O.J. Yule) reported that, although maintenance on the headquarters building is being kept to a minimum, unanticipated but essential repairs not included in the 1974 budget had been required. More may occur.
96. Council was therefore obliged to approve a 1974 supplemental building expenditure to an amount to maintain the headquarters property in a reasonable state of repair and function.

METRIC COMMISSION

97. The Board was informed last year (1973T198) that the federal Metric Commission early in 1973 had commenced its task of educating the Canadian public to conversion to the metric system. Because serious activity now appeared to have begun, at the request of the Council on Research (see para. 10 of their report), the Executive Council has asked Dr. Ralph Barolet of Quebec City to serve as the CDA representative to the health and welfare sector of the federal Metric Commission. He has been asked to advise Council on the steps that should be taken to assist the dental profession in converting to the metric system.

COMMITTEE ON DENTAL THERAPEUTICS OF THE COUNCIL ON RESEARCH

98. As reported in the Council on Research report (para. 11-12), a request for establishment of a Committee on Therapeutics of the Council on Research was considered by Council, in accordance with by-law Article XIV, Section 3(e). The matter was deferred by Council until the Board of Governors has had an opportunity to study and act on the recommendations of the Task Force on the Future of the CDA. In the meantime, several persons were identified who could

EXECUTIVE

assist the Association as consultants on questions related to drugs or other agents used for preventive or therapeutic purposes in dental practice.

CDA/ADA JOINT MEETING

99. An invitation has been received from the American Dental Association's Board of Trustees to hold the next triennial meeting between the ADA Trustees and the CDA Executive Council in Chicago in 1975. Suitable dates are under negotiation.

INTERNATIONAL YEAR OF THE CHILD

100. Ms. Mary VanStolk, author of "The Battered Child in Canada" has by letter requested Canadian organizations and associations, including the Canadian Dental Association, to use their good offices to petition the Canadian government, through the Secretary of State for External Affairs, to designate the year 1980, or another appropriate year, as the International Year of the Child. She proposes that a United Nations conference on the child be held that year initiated through the Government of Canada.
101. Being aware that the Board has already recorded its concern over the maltreatment of children (1973T70) and that the legal rights of children throughout the world have been found to be sorely in need of review, Council directed the President to address a letter to the Secretary of State for External Affairs expressing the Association's support for the designation of the year 1980 as the International Year of the Child, and requesting that the Government of Canada initiate this proposal in the forum of the United Nations.

FEDERATION DENTAIRE INTERNATIONALE

102. FDI's 1974 World Dental Congress was held in London, England, from September 8 to 14. The Association's official representatives at the Congress were:

Delegates: J.E. Abra, D.K. Peters, W.G. McIntosh;
Alternates: M. Cornish, Brigadier-General L. Craigie,
H.R. MacLean;
Observers: M. Kamienski, D.C. Smith, W.J. Spence.
103. A chronicle of the Congress will be available on request from CDA headquarters.
104. 1977 World Dental Congress: The nucleus organizing committee of the 1977 World Dental Congress in Toronto (M. Cornish, chairman; G.S. Beagrie; M. Kamienski; W.G. McIntosh and W.J. Spence) reported that initial steps had already been taken with regard to the organization of the Congress.
105. Council authorized the establishment, as required by the FDI, of a 1977 FDI World Dental Congress bank account with a \$10,000 repayable, no-interest loan from the CDA. The organizing committee

EXECUTIVE

was authorized to approve Congress expenditures, with the provision of annual information statements to the Executive Council. The loan is to be repaid in full no later than the end of 1978.

75th ANNIVERSARY OF THE CDA

106. It was noted that 1977 will also be the 75th anniversary of the Association. Council provided for an ad hoc committee to explore the feasibility of organizing special celebrations in recognition of this anniversary.

TAX DEDUCTIBILITY FOR CONTINUING EDUCATION EXPENSES

107. Association efforts in this regard were reported to the Board last year (1973T49).
108. Unhappily the Minister of Finance of the federal government has rejected the Association's appeal for tax relief for continuing education participants but negotiations will continue in this regard.

TREASURER'S REPORT

109. After careful study of the Treasurer's report, Council agreed that the deficit budget for 1975 as prepared by the Treasurer should be presented to the Board without further comment.

NATIONAL DENTAL MANPOWER COMMITTEE

1. In November 1973 the Executive Director represented the Association at an exploratory meeting in Ottawa, called by the Deputy Minister of National Health and Welfare, to consider the advisability of setting up a National Dental Manpower Committee. Other groups invited and represented were: National Dental Examining Board of Canada, the Association of Canadian Faculties of Dentistry, the Canadian Dental Hygienists' Association, the Canadian Dental Nurses and Assistants Association, and the Department of National Health and Welfare.
2. Similar manpower committees had already been established for the physicians and nurses. In his opening remarks, the Assistant Deputy Minister, Health Programs Branch, indicated that consideration of dental manpower problems was deserving of a high priority. The federal government's Health Manpower Program includes the following fundamental objectives:
 - 1) to build a federal/provincial organizational structure;
 - 2) to establish an information system capable of maintaining an up-to-date manpower inventory;
 - 3) to identify priority items of concern;
 - 4) to develop a facility capable of making accurate manpower supply projections;
 - 5) to improve the quality of health manpower and services;
 - 6) to improve the distribution and mobility aspects of health manpower;
 - 7) to improve the productivity and utilization of health services;
 - 8) to promote priority research in support of the above objectives.
3. In summary, the meeting agreed with the following observations and suggestions:
 - 1) Subject to the approval of the associations represented, a National Dental Manpower Committee should be established, which would be responsible to no other body, reporting through its membership to the represented associations, which would be free to act on a given matter as they deemed best. There would be automatic reporting to the federal/provincial Committee of Deputy Ministers.
 - 2) Those associations represented at the initial meeting would comprise the Committee; other national dental auxiliary groups and observers may be added at a later date. Each group would be entitled to two representatives, but would have only one vote.
 - 3) The Executive, which would act between regular meetings of the Committee, would initially consist of: one CDA representative (two years); one CDN&AA representative (1 year), and a DNH&W representative (2 years).
 - 4) The DNH&W representative will serve as chairman of the Executive and the Committee for at least the first year; the Department will also provide the secretariat and will assume, at least at first, travel costs for the meeting.

EXECUTIVE

Appendix 2

A NATIONAL ACCREDITING AGENCY

1. The following is a summary of the available information on the proposed establishment of a National Accrediting Agency. More detailed material is available from the CDA office on request.
2. In April 1971, the federal Minister of Health recommended that a body be created whose responsibility it would be to influence, in the public interest, accreditation activities in Canada. Following extensive review of current programs, a workshop under the auspices of the federal department was held at which representatives of agencies and organizations involved or interested in the philosophy or practice of accreditation were present. Subsequently a working group was established and the following recommendations developed. The original position paper stated "Accreditation is a matter in which professional bodies have a clear interest. It is also an area in which governments may wish to exert some influence since the accrediting process can have a direct impact on the quality, quantity and cost of health services provided to citizens".
3. Main Recommendation:
Recognizing that provinces have primary jurisdiction in the matter of health and education with the accompanying responsibility for developing standards and overseeing accreditation activities, the Working Group on Accreditation recommends that a body be formed to assist in co-ordinating these functions.
4. Role:
 - a) to encourage the development of a nationwide consensus on standards for educational programs established for persons who provide health services with a view to influencing the level of minimum qualifications required by graduates of the programs, achieving portability of qualifications and credits, and improving the services provided;
 - b) to encourage the development of a nationwide consensus on standards for health service programs with a view to influencing the quality of services provided;
 - c) to act as a coordinating focal point among the agencies now involved with a view to developing processes of measuring and recognizing the attainment of agreed-upon minimum standards and emphasizing effectiveness, efficiency and economy;
 - d) to review the objectives of accreditation on a continuing basis in health science education and service fields with a view to assessing requirements that are in the public interest and to develop proposals to meet these requirements.
5. Title and representation:
It is recommended that the title be "Health Accreditation Council of Canada" and that the interests of all health disciplines and programs, governments and consumers be represented. The Council should consist of 16 members: government - five; health services - five; education - four; consumers - two. The five government members would be appointed by the federal and provincial governments (provincial ministries of health: two; provincial ministries of education: two; federal department: one). The four

Appendix 2, cont'd

education members would be appointed by the Association of Universities and Colleges (two) and the Association of Canadian Community Colleges (two). The five members from the health services would be appointed by the Canadian Council on Hospital Accreditation, bearing in mind the desirability of broad representation from the various health disciplines and programs. The two members from the public sector would represent the interests of the consumer and would not be members of a health discipline.

6. Funding:

The Council would be an independent agency receiving administrative support initially from governments (federal and provincial) until it could re-examine the refine its own terms of reference and advise those governments on what should be its final organizational structure and functions, and the mechanisms for funding its activities. Secretariat and administrative support would be provided by the Department of National Health and Welfare initially.

7. Reporting relationships:

The Council would be a free-standing representative body with responsibility by virtue of its membership for establishing communication mechanisms with organized health disciplines and programs, the consumer sector and government agencies. Its first function would be to survey in some detail all health accrediting activities in Canada and to assess their validity, appropriateness and impact on the health of Canadians. The findings would be publicized.

8. The coordinating phase could then commence. It would seem appropriate for Council to enter into direct communication with accrediting agencies for this purpose. A close watch would be maintained over developments in the Canadian health system and an attempt made to influence accrediting agencies to adapt their activities accordingly. With the emergence of new health disciplines or programs, the Council would make provision for their appropriate recognition by fostering new accrediting capabilities.

EXECUTIVE

Appendix 3

REPORT OF THE BUREAU OF DENTAL STATISTICS

1. Since its last report to the Executive Council in August 1973, the Bureau has:
 - 1) completed the following reports for the Council on Education:
 - a) Dental Education Register, 1972-73
 - b) Applicants and Applications to Canadian Dental Schools, 1972
 - c) Report of the Performance of Foreign Dentists Enrolled in Canadian Dental Schools for the period 1968 to 1973.
 - 2) maintained current statistical data on distribution of dental manpower in Canada;
 - 3) conducted a survey of provincial dental organizations (January 1974) as requested at the Secretaries' Conference in December 1973; data are being compiled at present on the statistical information provided;
 - 4) provided consultant services to Dr. George Beagrie, chairman of the Council on Education ad hoc committee on continuing education, and conducted a survey of a sample of Canadian dentistry;
 - 5) developed questionnaire in English and French, arranged and completed printing of Canadian Dental Register (Survey of Dental Practice)
 - 6) replied to requests for information by telephone and letter on a wide range of topics, e.g.
 - dental manpower statistics; cost of education; capacity and enrolment in dental schools;
 - various aspects of dental practice, e.g. incomes of dentists and auxiliaries and other professionals; expenses of practice; utilization of auxiliaries; hours worked; patients treated; fees; frequency of procedures; CDA Survey of Dental Practice and Survey of Recent Graduates;
 - expenditures on dental services; price indices;
 - dental health conditions of the Canadian population; preventive care; dental health surveys;
 - dental insurance plans; dental service corporations; welfare dental services; denticare; children's dental programs;
 - questionnaires received and completed on dental care in Canada, e.g. FDI Basic Fact Sheets;
 - list of names and addresses of dentists taking postgraduate studies requested by the ACFD for its annual register.
2. Requests for information are received from: federal and provincial government departments, provincial dental associations, foreign dental associations, dentists, teachers, students, universities, libraries, news media, writers, dental product companies, consultant and research firms, advertising agencies, insurance companies, law firms, various departments at CDA headquarters.

EXECUTIVE

Appendix 3, cont'd

3. Many of the requests are standard and can be answered quickly but others require days of work. Requests are answered from our own studies if possible, but often extensive research from other sources is necessary. Research files are maintained on numerous subjects which requires that hundreds of periodicals, journals and newspapers be read, clipped and filed. More time must be spent in this area if files are to be up to date and effective for the Bureau's purposes. Due to staff shortage and a heavy workload, many of the Bureau's files are not as comprehensive as they should be, but at present it is difficult to find time even for routine filing.
4. Records Department:
The Bureau provides assistances to the CDA Records Department in setting up codes for membership cards. Considerable time is spent in Records preparing cards in connection with the Canadian Dental Register project.
5. Budget:
As the Executive will recall, the minimal budget requested in the special report to the Executive (1973T88) was \$13,000. The \$4,000 which was made available is being spun out as carefully as possible but we will no doubt be out of funds by summer because we will have to have Office Overload help this spring.

Appendix 4

REPORT OF THE BUREAU OF PUBLIC INFORMATION

1. Miss Pat Lundie joined the staff of the CDA as Public Information Officer at the end of September 1973. She was also appointed Managing Editor and News Editor of the JOURNAL.
2. Convention 1973:
The Board of Governors meeting and the 1973 Convention publicity was well received by the press. One news release was sent out to major dailities, radio and television previous to the Board meeting and Convention, and a complete press kit was prepared for distribution from the press room. Two wire stories were filed by the Public Information Officer on the election of the President-elect and the winners of the student table clinic program.
3. In addition to two interviews on the French CBC radio, both CTV and CBC provided coverage of interesting clinicians.
4. Newspaper coverage was extensive and included stories wired to TORONTO GLOBE AND MAIL by their reporter who covered the event at the invitation of BPI. Coverage included 643 column inches of space in BC papers, 61

EXECUTIVE

Appendix 4, cont'd

inches in Alberta, 44 in Saskatchewan, 3 in Manitoba, 115 in Ontario, 11 in Quebec, 14 in Nova Scotia, 3 in PEI, and 9 inches in Newfoundland. Total coverage was 903 column inches.

Radio spot announcements:

5. Value of 1973 free radio time, utilizing CDA materials, was \$2,444. Only thirteen of 285 stations participated.

Television spot announcements:

6. Value of free television time, tabulated to the end of the year, was \$17,825. CDA 30-second spots were used. Only 10 of the 77 stations in Canada donated time.

Films:

7. Two new films, "Do It Yourself Prevention" and "Pain", were premiered at the Convention and put into the CDA film library for circulation by the end of the year.
8. In order to publicize the new films, descriptions were included in Dental Health Week kits, and a news story was published in the JOURNAL. Bookings have been light so far but are expected to pick up as the availability of the films becomes known.
9. CDA now have 14 films in circulation through Modern Talking Picture Service. As of December 31, 1973, Modern reported 609 showings for the year with 20,281 viewers. Totals since start of the program are 3,936 showings to a total of 164,483 viewers. 1973 cost to the CDA was under \$1,500 or 7 cents a viewer. Film production costs, however, for the year were almost \$13,000.

Dental Health Week:

10. The success of Dental Health Week, February 3-9, 1974 was mixed across the country. Two provinces did not stage any promotions (British Columbia and New Brunswick) three provinces undertook separate campaigns. Ontario planned its own campaign for February 4-10. Both Alberta and Quebec, with year-long campaigns in hand, did not particularly publicize Dental Health Week although both accepted and made use of the nationally-prepared kit. The remaining provinces participated in the promotion with good to moderate success.
11. Dental Health Week Kits (sample available) were prepared by the Bureau and made available in the first week of January, to all provincial chairmen and to a variety of other interested people such as individual auxiliary groups or school teachers.
12. Radio spots were mailed to all stations in Canada; and a station-break slide and copy were issued to all television stations. Since not all stations issue public service invoices it is difficult to estimate usage, but the overall response seems to have been only moderately successful.
13. Requests have already been received from provincial chairmen and other CDA Councils for earlier access to material and perhaps a pre-Week planning session.

EXECUTIVE

Appendix 4, cont'd

STAR column:

14. The CDA column in the Toronto Star, fronted by Dr. W.J. Dunn of London, continues to be a success. Mail averages between 70-90 individual pieces per month. The Star has been unsuccessful however in marketing the column as a syndicated feature, and the Council on Information is working with Dr. Dunn on possible enlargement of the program outside Southern Ontario.

Dental Topics for weekly newspapers:

15. The Bureau now has 130 individual columns from which to choose a selection of monthly mailings to 210 weekly newspapers in Canada.
16. Some problems have been experienced in obtaining a by-line from certain newspapers. When this situation is discovered through our press clipping service, the editor is contacted by the Bureau and asked to reinstate the by-line credit.

Public information requests:

17. Approximately 10-15 requests a day are now handled by the Bureau. These include requests for pamphlets, posters, assistance with school projects, patient complaints, requests from dentists for licensing information, or assistance with speeches and career days, dentistry and dental auxiliary career information. Requests for free pamphlets are now being tabulated monthly, as well as sales.

Pamphlets:

18. Two new pamphlets are planned by the Council on Information Services on the topics of nutrition and mouthguards. In addition, the Bureau's assistance has been sought to produce two new career pamphlets - for dental hygienists and dental nurses and assistants.
19. As of year-end, pamphlets worth a gross total of \$11,152 have been sold. Overhead costs have not been deducted from this figure.

News releases:

20. Since September 1973, the Bureau has prepared the following news releases:
 - Vancouver Hosts Canada's Largest Dental Convention
 - Vancouver Dentist President-elect of Dental Association
 - Student Winners at Dental Convention
 - Future Training and Employment of Dental Auxiliaries
 - Canadian Dental Accreditation Project Funded by W.K. Kellogg Foundation
21. A release on CDA Guidelines for Children's Dental Health Plans is planned for the immediate future.

Fluoridation Officer:

22. Lloyd Bowen's contract with the federal government terminated December 31, During the year he contributed his usual, excellent service to enquirers from the profession, the press and general public.
23. The federal government is undertaking to handle fluoridation through its Health Programs and Health Protection branches. At present, enquiries are to be directed to Dr. T. Marsh, Senior Consultant in the Health Programs Branch. These two Branches are to provide information for the promotion of

EXECUTIVE

Appendix 4, cont'd

fluoridation, the technical aspects of its application, data on nutritional aspects and fluoridation of water supplies. The Health Protection Branch will, in addition, assemble data from the provinces.

* * *

24. With the Council's permission, I would now like to address myself to the overall philosophy of public information. In my estimation, almost all our present programs need re-evaluation in the light of changing public and media climates, and the cost-efficiency which results.
25. At the present time, a large percentage of all public dental education materials are financed from membership grants to CDA - in other words, the individual dentist is financing public information. Two provinces are making some headway in having these needs funded by the government - Alberta and Quebec. Provincial governments can make use of the limited amount of information material produced initially by the federal government and are permitted to reproduce this to suit any budget. The gap appears to be filled by our own public service budget.
26. Other avenues for financing should be investigated, including a possible expansion of the role of CFDE into a broader health one. The suggestion has also been made to some corporate members that a lay public Dental Health Foundation be started. If either idea is accepted, it would be advisable to do so on a national rather than a provincial basis.
27. At the present time, radio and television use of CDA public service announcements is negligible. This may be a function of the fact that our materials are out of date. However, before more money is budgeted, a survey must be carried out to estimate possible usage.
28. There are more questions to be asked about our film production. CDA may very well have a role to play in funding Canadian production of public information materials. Doubts could be expressed for underwriting production of continuing education materials.
29. In this regard, the Council on Information Services and the Task Force on Continuing Education has received numerous commercial enquiries on such programs. Another avenue to investigate is the role which audio-visual departments of the larger Canadian universities might play in producing film and video tapes at cost, using educational funds. An enquiry is going forward through the University of Toronto, on the feasibility of this concept.
30. Considering the profession's concerns with fluoridation, and the new emphasis generated by children's dental health plans, perhaps further consideration should be given to underwriting the Fluoridation Officer.
31. These same types of questions could be asked about almost every program now underway.

The Association and Its Members:

32. The communication gap between CDA and its members has already been recognized. Given the types of questions asked above, a reassessment of the 1974 budget is in order and priority realignment to reflect the concern for internal communication.

EXECUTIVE

Appendix 4, cont'd

33. In my role as News Editor of the Journal, a change in the approach and format of these pages has begun. More space and more emphasis is being given to corporate news, council information and CDA programs. This will continue and perhaps even expand.
34. The profession is a convention-going group. If members don't know what CDA does, our own and other regional conventions would be a good place to tell them, through a truly professional display which included up-to-date audio-visual aids and printed matter.
35. The Journal is almost the sole inter-corporate medium now in use. Consideration should be given to promoting the circulation of news, activities, problems and solutions through other means, including audio-visual methods with spin-off of materials for use at society meeting level.
36. If a voluntary membership drive is necessary in one or more provinces, these communication aids will be invaluable. They must be supplemented however, on the basis of a thorough analysis of the overall problem. It will not do to approach the matter on an ad hoc basis of "plan as we go."
37. The 1973 Board of Governors Meeting re-allocation of budget provided \$6,000 to Communications (internal and external). There was left in the budget a further item of \$5,600 for television film clips. A sum of \$4,000 was allocated to National Dental Health Week but in the actual event less than \$1,000 was spent. Combined, these would total \$14,600.
38. The Executive Council's approval is sought by the Council on Information Services for a re-allocation of these funds to suit the changing emphasis to membership and its communication problems. In addition, the Bureau of Public Information will reassess its present overall program for cost-effectiveness and relevancy.

Appendix 5

SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

1. Requests for library services could be generally described as follows:
 - (a) Source of requests: licensed dentists (local and remote), dental students (local), immigrant dentists, dental school libraries, CDA staff, dental auxiliaries, Armed Forces dental services;
 - (b) Mode of request: attendance at library, letter, telephone;
 - (c) Nature of request: books, bibliographies, copies of articles, journals, library catalogues, teaching aids, references.
 - (d) Number of requests: approximately 100 per month.

EXECUTIVE

Appendix 5, cont'd

Suggestions for additional service:

2. Packages of reference materials on specific subjects and slide films and other visual aids to help dentists prepare speeches were suggested.
3. To assist in determining the future of the library service, the librarian over the next six months will keep detailed records of (1) who requests library services, where the requests originate, what services are requested and (2) the requests that the library cannot fulfill.

Current policies:

4. It was decided to continue the present system of payment by the Association of return postage for borrowed books.
5. With respect to new book selections, the librarian will ask that the CDA be placed on the mailing list of main publishers of dental texts, and that the librarians in Canadian dental schools supply her with list of dental texts which have been recommended for their own library. A group of consultants appointed by the Trustees will review this list in order to advise the librarian of the selection and number of volumes to be purchased. Periodicals are also to be included.
6. Present policy with respect to an exchange program of periodicals includes two objectives: (1) to provide as wide a range of reading materials as possible; and (2) to carry news of Canadian dentistry to other parts of the world. A staff committee will review the current list of periodicals and develop recommendations for JOURNAL exchanges and purchases. An inventory of the periodicals will be undertaken this summer, following which a formula for retention will be developed. The National Archives will be consulted with respect to the disposition of excess periodicals now stockpiled in the CDA building.

Special topics: library resource:

7. The possibility of centralizing bulk files on topics of special interest will be investigated. The purpose would be to have one source of information on a given topic rather than having this material divided between several CDA departments.

History of Dentistry in Canada:

8. To date 1,281 copies of the History have been sold; CDA has recovered \$1,037 as a result of the sales.

Budget:

9. It was agreed that the purchasing policy for books, periodicals and bindings should be based on 90% of the annual anticipated revenue from the trust funds, expected to be approximately \$3,500 in 1974.

Archival materials:

10. A final decision on disposition of the Association's present archival holdings was delayed until the proposed new headquarters building had been confirmed. The Executive Director will meantime consult with the National Archives and the Chief Librarian of the American Dental Association regarding their practices in handling archival materials.

EXECUTIVE

Appendix 6

STUDENT APPLICATION TO THE INTERNATIONAL ASSOCIATION OF DENTAL STUDENTS

1. At the Fifth Canadian Dental Students' Conference in November 1973, a presentation was made by the Canadian Co-ordinator of the International Association of Dental Students, which was of great interest to the delegates. At their request, the Student Membership Committee asks for Executive Council approval in the Council on Education budget for funding of an annual corporate membership in the IADS.
2. Some of the benefits which would accrue to CDA student members include: arranging for student exchanges on a worldwide basis, participation in the World Congress held each year in different countries, a subscription to the IADS Journal with news of dental education and dental students from around the world.
3. In 1974 the fee is 517 Swiss francs (approximately \$165.) and in future years would be 470 Swiss francs (approximately \$150.) The special expenditure authorization is requested in 1974 inasmuch as the amount has not been included in the 1974 Council on Education budget as it will be in future years. Since the IADS year commences in August, there is some urgency.
4. The corporate membership for Canadian dental students will be available only to members of the Canadian Dental Association.

REPORT OF THE TASK FORCE
ON THE
FUTURE OF THE CANADIAN DENTAL ASSOCIATION

August, 1974

CONTENTS

	<u>Page</u>
Members of the Task Force	1
Letter of Transmittal	2
Acknowledgments	3
Introduction	4
The Survey	7
Organization	25
Financial Prospects	38
Future Priorities	56
Headquarters Operation	59
Headquarters Building	63
Summary of Recommendations	65
Minority Report	69
Appendix 1 - Executive Director's report summarizing problems facing the Association	
Appendix 2 - Revised By-laws	
Appendix 3 - Statement on financial implications re Ottawa headquarters building	

MEMBERS OF CDA TASK FORCE

Chairman:	Dr. John B. Macdonald	
Members:	Dr. Gerald Barrett	Prince Edward Island
	Dr. Vincent Dontigny	Quebec
	Dr. Elgin T. Duke	Saskatchewan
	Dr. William Dwyer	Newfoundland
	Dr. Warren Heaslip	Ontario
	Dr. J.E.L. Mathieson	Alberta
	Dr. Douglas McDougall	British Columbia
	Dr. Charles Oler	Nova Scotia
	Dr. Gerald Orser	New Brunswick
	Dr. Alvin Shinoff	Manitoba
Student Rep:	Mr. Robert Brandon*	

* The Task Force invited the Canadian Dental Student Conference to nominate one of its members to participate in the work of the Task Force.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

August 1, 1974

Dr. J.E. Abra,
President,
Canadian Dental Association,
234 St. George Street,
Toronto 5, Ontario.

Dear Mr. President:

I have the honour to submit to you herewith the Report of the Task Force established by the authority of the Board of Governors to review the affairs of the Canadian Dental Association and to make recommendations.

Respectfully,

John B. Macdonald
Chairman

ACKNOWLEDGMENTS

The Task Force is indebted to Mr. Grant Clarke of the Council of Ontario Universities for conducting the survey of members, and to the staff of the Association's headquarters for many courtesies and assistance. In particular we are happy to acknowledge the generous assistance of Dr. W.G. McIntosh in obtaining a great deal of information for us and Dr. R.M. Grainger for his expertise in the analysis of the survey results.

REPORT OF THE TASK FORCE ON THE FUTURE OF THE CANADIAN DENTAL ASSOCIATIONINTRODUCTION

At the Annual Meeting of the Canadian Dental Association in 1973, the Executive Director of the Association identified a number of basic problems facing the Association. They are summarized in Appendix 1 to this report. In brief, they relate to organization, finances, management, communications and priorities. Acting on the report of the Executive Director, the Board of Governors passed a resolution.

"Resolved

- (a) that in the communications area top priority be given by both the JOURNAL and Public Information departments to extending our intra-professional communications, so as to inform the dentists about their national organization, its services, programs, problems and possible solutions;
- (b) that a Task Force composed of one delegate selected by each corporate member and a lay-chairman of corporate prominence selected by the Executive Council be constituted to meet to develop specific recommendations to overcome each of the problem areas referred to in Appendix 15, paragraph 4, and that one or two advisers, without voting right or authority to participate, be authorized to accompany the corporate member's delegate, at the expense of the corporate member;
- (c) that a report including the specific recommendations developed at the special meeting be prepared and distributed to all Governors, CDA Council Chairmen and Presidents and Secretaries of corporate members for distribution as they see fit;
- (d) that subsequent to the distribution of the report, a special meeting of the CDA Board of Governors, plus the Presidents and Executive Directors (secretaries) of the corporate members, plus the Council Chairmen, be called - the purpose being to discuss the specific recommendations drafted by the Task Force and to come to a consensus on each;
- (e) that the representatives from the various corporate members undertake to explain and encourage acceptance of each of the conclusions arrived at during the special meeting of the Board of Governors by their respective provincial organizations and individual dentist members of those organizations;

- (f) that by-laws be drafted to accommodate the new regulations and presented for acceptance at the next annual meeting of the CDA Board of Governors.

Adopted"

The members of the Task Force were appointed by the various provincial associations during the Fall of 1973. The Task Force began its work on January 9, 1974. Three meetings of the entire Task Force took place, the second on March 14 and 15, and the third on June 27 and 28. At its first meeting the Task Force outlined the work to be done. The major tasks visualized included the following:

1. Analyze the present organization of CDA and identify the difficulties.
2. Develop an alternative model for the organization of CDA.
3. Examine the budget and the sources of income of the CDA.
4. Consider and make recommendations on the programmes and priorities of the CDA.
5. Conduct a survey of the total membership of the CDA to determine attitudes toward current programmes, interest in possible new programmes, perception of present problems, assessment of strengths and weaknesses, and effectiveness of present means of communication within the Association.

Committees of the Task Force were established to deal with the financial matters and with the conduct of the survey.

The Task Force approached its work as much as possible without prejudice and with but one assumption. That assumption was that the dentists of Canada need a strong, national voice. Several considerations support that assumption. The first is that in spite of the ambiguities of the British North America Act insofar as health is concerned, most major health policies

begin at the national level. It was, for example, the Hall Commission, a Federal Royal Commission, which laid the groundwork for the Health Insurance Plans now operating in the provinces of Canada. A second consideration is that there already exists what might be called "Canadian standards" in the practice of dentistry. These standards often differ from those in other parts of the world. It is desirable for Canadian dentists to continue to promote the establishment of Canadian standards and to avoid fragmentation along provincial lines. The standards which have developed over past years have been facilitated through the development of a single educational fraternity (the Association of Canadian Faculties of Dentistry) and through such instruments and activities as the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Council on Dental Education, accreditation, requirements for specialty recognition, the Council on Hospital Services.

A third reason for Canadian dentists to maintain a strong national voice relates to the need to ensure that Canadian dentistry continues to be on the forefront of research related to the improvement of oral health. The vast majority of funding agencies supporting research in the universities and, in particular, within the faculties of Dentistry, are national organizations, the Medical Research Council being the most important. Finally, Canadian dentists must have the capability of speaking with a single voice if they are to be heard by the public, by governments, by the various organizations concerned with the improvement of health of Canadians. If the voices of dentistry are always discordant and not harmonious, those who listen will find reason to discount the significance of what they hear. A national voice and national policies are the hallmark of a strong profession.

THE SURVEY

The Task Force attached great importance to the views of the dentists of Canada on the present and future of the CDA. Thus it was agreed early in our deliberations that a survey would be undertaken. A survey director was engaged, and a questionnaire was developed by the Task Force chairman and the survey director, in consultation with a committee of Task Force members. A draft questionnaire was tested in group interviews of representative samples of dentists in five regions of the country. The final questionnaire was mailed to every dentist in Canada. After allowing two months for returns (with one mailed follow-up letter and personal contact in some regions), about 4,500 replies had been received.

This response accounted for approximately 55% of Canadian dentists. The Task Force was gratified with the response, particularly because the form was not easy to complete for the dentist who had had little involvement with the CDA. Since the Task Force was anxious to make it as easy as possible for busy people to express their views, a card was included with every form to provide a simple way for those who did not wish to complete the form to indicate why not. Less than 2% of the dentists returned these cards indicating hostility to the CDA or the survey itself.

Two percent is a remarkably small proportion and gives some reason to suspect that neither resentment of questionnaires nor hostility to CDA entered heavily into the reasons why many dentists did not respond. The complexity of the questionnaire and preoccupation with other interests seems to offer a more likely explanation for failure to respond. Disinterest in organized dentistry, in general, or the CDA, in particular, is another possibility. The most that can be said is that there is no

evidence to suggest that the answers to the questions would have been significantly different for the non-respondents from those of the respondents.

Response rates were fairly uniform across the provinces, with the exception of Quebec, where just 40% responded. Ontario was close to the average, at 53%, and all of the other provinces were in the 60% range, with Alberta the lowest at 59% and Saskatchewan the highest at 68%.

Members were asked about the importance of the CDA to them, and then asked to rate a number of present services on importance and effectiveness. The results are shown in Table 1. On each of these questions, a 3-point scale was used. In analysing the results, responses were weighted to produce one composite score on each item. The scores can range from 0 to 100, with high scores representing a strong positive response.

"How important is the CDA to you?" Under 7% said "not important", and the remainder were about equally divided between very important and some importance. The composite score on this question was 70 (out of 100). Given the crisis of identity which brought the CDA Task Force into being, this is a substantial vote of confidence in the Association, even though there is room for improvement.

Ratings of the importance of present services were generally high, with an average score of 75. The highest importance scores (in descending order) were given to representing the profession's views to the federal government, communication within the profession, and education of the public. The lowest ratings were given to library services and student services.

Members were also asked to rate the effectiveness of present services and here the Association did not fare well. The average score was 44 (31 points less than the average score for importance). The one major exception to the generally low ratings on effectiveness was the score of 71 for financial protection, i.e., pension and insurance programmes.

The respective rankings on importance and effectiveness reveal that there is no correlation between the two ratings. Those functions seen as most important by the members are not perceived as being the most effectively executed. Comparison of the scores on importance and effectiveness for the various items provides a guide to those areas where members would most like to see improvement. At the top of this list is "education of the public" which received an importance score of 81, and an effectiveness score of 25, a difference of 56 points. This is followed by "representing the profession's views to the federal government", then "representing the profession's views to provincial governments", "communication within the profession", and "continuing education". (The differences in scores respectively being 52, 48, 40 and 35.) In short, the profession is not impressed with the Association's performance.

Members were asked their views on intervention by the CDA in provincial affairs. Twenty-four percent thought the CDA should represent the dental profession automatically (without necessarily having an invitation from the provincial association or licensing body); 74% thought there should be representation on invitation, and 2% felt the CDA should never speak for dentistry within a province. It is interesting that 29% of those who

thought the CDA very important opted for automatic representation, and only 19% of the rest did so. These results indicate that most dentists want the CDA to exercise a leadership role and want the strength of the Association to be available to the provinces when the provinces feel a need for support.

The Task Force identified a number of areas where the CDA might consider strengthening present activities or establishing new services in the future when financially feasible. Members were asked to evaluate these possibilities. The response (Table 2) was strongly positive: the average composite score was 76. The lowest score (dental health kits) was over 50. (The lowest score on importance of present services was also over 50). There were five items which received scores of over 80. They were (in descending order): policy advice for governments, provincial associations and practising dentists; evaluations of products, equipment, drugs, and methods; practical clinical articles in the Journal; improved approaches to delivery and financing of dental services; and operation of programmes of continuing education.

The assessment of interest in and quality of publications is shown in Table 3. Pamphlets and the Journal (overall rating) each received scores close to 70 on interest, while Transactions scored just 54. The quality ratings for all three were close to 60. For this question, the content of the Journal was classified in eight categories. The highest interest

ratings (in descending order) were given to news affecting the profession (81), clinical articles (73), and editorials (69). The lowest interest ratings were assigned to advertisements [(both classified (50) and commercial (43)]. The top quality ratings in order were given to editorials and classified advertisements (tied for first place), news affecting the profession, and clinical articles. The differences between scores on interest and quality again provides a guide to those areas which might be improved. The greatest differences were on professional news, clinical articles, and expression of dentists' opinions. Both categories of advertisements, on the other hand, received quality ratings substantially greater than interest ratings.

Members were also questioned about the extent to which they read various types of Journal material. The results (Table 4) show that articles are the most read (64% regularly), followed by news (61% regularly), and editorials (53% regularly).

The Journal was frequently mentioned by those who responded to open-ended questions. Of those who identified a "single most important thing that the CDA does", 17% listed the Journal. In addition, a large number of responses which were classified under such other headings as continuing education, news, information and communication within the profession, referred explicitly or implicitly to the Journal. The open-ended questions also revealed a small minority who were critical of the Journal. On both a question about "other problems with the CDA" and a question soliciting a single major criticism, 6% of those answering referred to the Journal.

Members were asked to react to statements postulating certain problems within the CDA (Table 5).. Non-responses were fairly high on this question (ranging from 18% to 44% on various items): a significant number of members did not feel themselves able to comment. Of those who did give an opinion many did see the issues listed as problems. About four-fifths felt there was no clear definition of a national role; about two-thirds saw inability to deal with important issues or lack of communication within the profession. Over half saw conflict with provincial associations or unsatisfactory priorities as problems, and two-fifths felt a lack of means for members to express themselves. Major problems within the present CDA are perceived by many members.

Given an opportunity to list additional problems, 92% did not do so. Of the few who did respond, nearly one-half referred to such matters as ineffectiveness, lack of priorities, irrelevance, remoteness, and responses were similar when members were asked to state their major criticism of the CDA (Table 6). In addition, 10% referred to lack of communication with members and 8% mentioned conflict or duplication with provincial associations; lack of unity. About 40% did not make a major criticism.

*Results on the question, "What is the single most important thing CDA does for you?" are shown in Table 7. The largest grouping of responses (about one-third) was around aspects of the national role, such as national unity of the profession, a national voice, representation to governments and the public. About one-fifth of the answers related to financial protection and another fifth referred specifically to the Journal. The category of news/information/communication within the

profession contained 15% of the responses. About one-fifth of the members did not respond, and another 7% gave such answers as nothing/little/don't know.

The opportunity to make other comments drew forth a wide variety of responses, a few fairly colourful (both positive and negative). Only a third of the respondents replied to this invitation. Some 29% of the comments related to the strengthening of the CDA and focusing of its efforts. A further 26% of the remarks could be classified as "more for the average member": more communication, more input, more services. Thus over 50% of the comments expressed the wish for the CDA to be stronger and to do more. Sixteen percent made comments on the organization of the association, and 5% on its administration. A number of responses were directed towards alteration of priorities or values and accounted for 13% of the answers. For instance, views that the CDA should become more socialistic, or less socialistic, were assigned to this group. General comments of a complimentary nature were made by 6%, and negative views of a general nature were expressed by 3%.

Surprisingly, little by way of differences in attitude among different groups within the profession was found. The following are the highlights:

English/French

Some minor differences were present. Where they occurred, the French-speaking members appeared to have slightly less positive attitudes towards CDA activities.

Provinces

There were some minor differences. In the smaller provinces, interest

was slightly higher and perception of problems a little lower than in the larger provinces.

Age

Older members were somewhat more supportive of the CDA and its activities than were younger members.

Specialists

Those in specialty practice appeared to be a little more interested in the CDA than non-specialists.

Organizational involvement

Those who have often served organized dentistry attached greater importance to CDA activities, and at the same time perceived more problems than did their colleagues. This pattern was present at whatever level the involvement had been, but was stronger if it had been national, than if provincial or local.

Community size

Rural dentists and dentists from small communities reacted the same way as their metropolitan colleagues.

A great deal of information obtained through the survey, dealing with the attitudes of Canadian dentists, can benefit the Association as it takes stock and reorients its priorities for the future. It is not necessary or appropriate for the Task Force to comment here on the detailed findings, but these undoubtedly can be helpful to those charged with the responsibility for the ongoing work of the CDA. A detailed record of the results will be submitted to the Journal for the information of all members. The Task Force feels that it can however draw a composite profile outlining the attitude of members towards the Association.

On the positive side, the rate of response and the assessments of the importance of and interest in CDA functions are grounds for encouragement. The Association has been urged to strengthen itself and focus its activities. The more abstract aspects of the CDA role involved in sustaining national dental unity and in being the representative of dentists to Canadian society (governments and the public) have the strong support of members. At the same time, there is a great demand for improved and new practical services which can directly benefit the average practitioner.

On the negative side, our questions brought forth a good deal of criticism of the organization and revealed a substantial gap between the importance attached to CDA activities and the level of performance in many areas. Opportunities for reform and rebuilding are numerous and need to be pursued if the Association is to justify the commitment of its members. The relative absence of differences in attitudes according to location and other characteristics can give the Association confidence that it has a truly national mandate.

NOTES TO THE TABLES

1. Scores, where given, were calculated according to the following arbitrary formula:

$$\text{Score} = \frac{1 (\# \text{ of High answers}) + 0.5 (\# \text{ of Middle answers}) + 0 (\# \text{ of Low answers})}{\text{Total answers}}$$

The scoring system assumes a mid-point of 50, with the high and low responses equidistant at 100 and 0 respectively. The score would be 50 if all responses fell in the middle category or if responses were equally distributed amongst the three categories. Thus the score is a measure of average response, not of distribution.

2. The percentages of "no answers" are indicated on each table. "No answers" are excluded from the percentage calculations of the substantive answers.

TABLE 1

Present Services: Importance and Effectiveness

Score	Rank	IMPORTANCE			Service	Score	Rank	EFFECTIVENESS				% No ans.
		% Very	% Some	% None				% Excellent	% Moderate	% Poor		
70	--	46	47	7	CDA itself	--	--	--	--	--	--	--
*	*	*	*	*	*	*	*	*	*	*	*	*
89	1	82	14	4	Commun.-Federal govt.	37	8	12	50	39		29
85	2	71	27	2	Commun.-Profession	45	4	13	65	22		14
81	3	67	28	5	Education of public	25	10	4	42	54		18
78	4	62	33	5	Accreditation	54	3	25	58	17		37
77	5	60	35	6	Financial protection	71	1	49	42	8		20
75	6	61	28	11	Commun.-Provincial govts.	27	9	8	38	55		30
74	7	56	38	7	Continuing education	39	7	11	56	33		24
71	8	48	46	6	Influence on dent. educ.	42	5	11	62	27		29
63	9	35	56	9	Library	58	2	32	52	16		43
59	10	29	60	11	Student services	40	6	9	61	30		53

TABLE 2

Possible Future Services: New or Strengthened

	% Score	VALUE		
		% High	% Moderate	% No
Policy advice	89	79	19	2
Product evaluation	86	74	22	3
Clinical articles	85	72	25	3
Approaches to delivery	82	68	29	4
Continuing education	81	66	29	5
Economic analyses	79	64	31	5
Set-up advice	78	62	31	7
Financial planning	71	50	42	7
Local dental news	69	45	48	7
Clinical consulting	68	47	42	11
Models for practice	67	43	49	8
Dental health kits	53	30	46	24

Percentages of respondents not answering ranged between 3% and 5%.

Publications: Interest and Quality

Score	Rank	INTEREST			Publication	Score	Rank	QUALITY			No answ.
		% High	% Some	% None				% Excellent	% Moderate	% Poor	
71	1	48	45	7	Pamphlets	58	3	31	54	15	25
54	3	23	62	15	Transactions	60	2	28	63	9	44
69	2	39	59	1	Journal - Overall	62	1	31	61	8	8
*	*	*	*	*	*	*	*	*	*	*	*
					Journal						
81	1	63	35	2	News: profession	60	3	29	62	9	13
73	2	49	48	3	Clinical articles	58	4	28	59	13	10
69	3	42	53	5	Editorial	64	1.5	35	58	7	16
62	4	32	59	8	Opinion	51	8	17	67	16	20
60	5	28	64	8	Research articles	56	6.5	25	63	12	19
52	6	21	62	17	News: people	56	6.5	22	69	9	24
50	7	21	60	20	Ads: classified	64	1.5	33	61	6	26
43	8	11	62	26	Ads: commercial	57	5	25	65	11	26

TABLE 4

Journal: Reading

	Score	Read Regularly	Read Occasionally	Read Never
Articles	82	64	36	< 1
News	79	61	36	3
Editorials	75	53	43	3
Letters	67	41	52	7
Advertisements	55	24	61	14

Percentage of respondents not answering ranged between 1% and 3%.

TABLE 5

Perceived Problems Within the CDA

	% Yes	% No Answer
Definition of national role	81	20
Inability to deal with important issues	67	31
Communication within profession	65	18
Conflict with provincial associations	57	36
Unsatisfactory priorities	52	44
Lack of means for members' expression	41	25

TABLE 6

Single Major Criticism

	<u>%</u>
Ineffectiveness; lack of priorities; uselessness	40
Irrelevance; remoteness; lack of input	16
Communication with members	10
Conflict or duplication with provincial associations; lack of unity	8
Journal	6
Not enough for average dentist	5
Administration	4
Regional bias	4
Organization	3
Conservatism; lack of concern for society	1
Apathy of members	1
Move to Ottawa	1
Convention	1
Socialistic bias	< 0.5
Miscellaneous	< 0.5
* * * * *	
No answer	40

TABLE 7

Single Most Important Thing the CDA Does

	<u>%</u>
Financial protection	19
Journal	17
News; information; communication within profession	15
National unity of profession	14
National voice; representation to public	13
Representation to governments	5
Nothing; little	5
Continuing education	3
Don't know	2
Convention	2
Education	1
Maintain quality of practice	1
Accreditation; licensing on graduation	1
Library	1
* * * * *	
No answer	20

TABLE 8

Other Comments

	<u>%</u>
Strengthen CDA; focus efforts	29
More for average member: communication; input; services	26
Organization	16
Alter priorities/values	13
Complimentary	6
Administration	5
Negative towards CDA	3

* * * * *

No answer	66
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ORGANIZATION

The Canadian Dental Association at the present time operates as a federation of corporate members drawn from the ten provinces of Canada. The Association is dependent on the goodwill and financial support of the corporate members. It has no power to enforce decisions on membership fees. The fee structure is designed to draw from each corporate member a per capita entitlement based on the number of members in each province. The corporate members traditionally have obtained their funds and the funds for support of the Canadian Dental Association through license fees. License fees, of course, are compulsory and therefore there has been no option for individual members to support or not support the Canadian Dental Association. Individual membership, in fact, is automatic on the recommendation of corporate members and it requires notice in writing by an individual member in order to resign from the Association.

The role of individual members is limited. They are entitled to receive the Journal and to attend scientific meetings (on payment of registration fees). They can stand for election or appointment to any office of the Association and they are entitled to the privilege of the floor at annual sessions of the Board of Governors. However they have no vote, either in terms of election of officers or on any matters of policy. In four provinces members have no vote in the selection of their representatives on the Board of Governors (British Columbia, Alberta*, Saskatchewan and Quebec). Their views can be expressed primarily through appeal to the representatives of

* In Alberta members choose a slate of nominees from among whom the representative is appointed.

their province on the Board of Governors, but they have not played a role in the selection of those representatives.

Due to new legislation in Ontario and Quebec, the arrangements which have been in force up to the present time are coming to an end. Legislative decisions in the two largest provinces effectively are requiring that the support of voluntary professional associations become separated from compulsory licensing. Specifically, the legislation in Ontario makes it illegal for licensing bodies to collect on a compulsory basis fees which are to be used to pay for memberships in professional associations. The Government of Quebec has introduced analogous, though not identical legislation, prohibiting payment from the Quebec College to any outside organization except in return for services rendered. Payments on a per capita basis are forbidden. These decisions reflect changing attitudes toward the traditional autonomy of professions. The issue was put succinctly in a report commissioned by the Ontario Medical Association which could be applied to all professions.

"There is no reason to believe that the medical profession is any more likely to escape the pressures and demands of consumerism than any other profession or business which charges a fee for a service rendered or a price for a product sold. Consumerism is not in the slightest degree interested in maintaining the status quo of the establishment. A well-informed, inquisitive and concerned public is increasingly making its demands known." *

Thus in Quebec the Castongnay Commission, in Ontario the McClure Commission and the Committee on the Healing Arts, and in Alberta the Select Committee of Inquiry into the Professions, all have identified the importance of developing new policies for the organization and control of the professions.

* Report of the Special Committee Regarding the Medical Profession in Ontario, Ontario Medical Association.

The debate itself is not essential to the inquiries of the Task Force. However the central issue and the general thrust of the arguments are important because they lead to the prediction that other provinces are likely to follow the examples of Ontario and Quebec. The central issue can be stated simply. Licensing fees are intended to protect the public interest. Professional associations are generally designed to promote the profession's interests. The two are not necessarily synonymous and indeed ample opportunity exists for conflict of interest. In the words of one observer, "the assumption which underlies the present regime of professional self-government is that professionals are totally lacking in self-interest and without exception infused with a nobility of spirit and a sense of public service that other economic animals in our free enterprise system can only admire but never emulate. Needless to say there is no evidence to support the view that professionals walk among us as a special breed of esthetic philosopher kings." *

The Task Force therefore predicts that in the future it is unlikely that any professional group will be allowed to use funds collected by licensing bodies for the support of voluntary associations of the profession. Since the legislative decisions have already been made in Canada's two largest provinces, it is clear that the Canadian Dental Association must seek a new organizational base. The present organization is no longer tenable. The Task Force believes that the Association must now face the fact that its future must depend on the voluntary support and membership of the individual dentists throughout Canada. This is not to say that the only source of funds will be individual memberships but that the latter must

* Trebilcock, M.J. - "Making Professions Accountable to the Public", Globe & Mail, Toronto, January 4, 1974.

provide the foundation on which a strong and effective national association must depend. The Task Force does not believe that these circumstances should be viewed as a regrettable fact forced on the Association by external decisions beyond its control. Rather the change to dependence on voluntary individual membership should be welcomed as a progressive step. The move inevitably will strengthen the relationship of the Association with its individual members. The Association's focus on members' concerns and interests will be sharpened by the harsh necessity of proving its worth. Since one of the Association's principal purposes is to serve the members of the profession, the forced reform should represent new opportunity and a gateway to a brighter future.

In order to provide the Association with a framework for a new organizational structure, the Task Force drafted a revised set of by-laws for the Association. They appear as Appendix 2. The draft should be looked upon as a model based on certain fundamental principles which we elaborate below. We believe it is essential for the Association to accept the principles in order to negotiate successfully the metamorphosis to a new form of organization. The details however are not inviolate. That is not to say that they have not been considered by the Task Force or that they do not have our support. Rather, we recognize that there is room for modification in many of the details and that the Association could adopt alternative positions without doing violence to the fundamental principles.

The first principle is that the organization should become truly representative of the individual members. It should, in fact, be controlled by the individual members. This requires, in practice, a form of representative government in which the governing body is elected by the general

membership. The reasons hardly need elaboration. If membership is voluntary, and the financial base of the Association is dependent on individual memberships, the members must have a clear and compelling role in the affairs of the Association. The act of electing a representative government more than anything else will guarantee that the Association is responsive to the needs and wishes of the membership. It is significant that in our survey of the membership the topic of communication within the profession was considered important by 98% of respondents. We interpret that opinion as a wish on the part of members for the Association to be sensitive to and responsive to their needs as well as keeping them informed. In short, we believe the members were calling for two-way communication. It is equally significant that only 13% of respondents felt that the performance of this function was excellent.

A second principle is that a variety of memberships in the Association in different categories should be encouraged. Thus we have added to the categories of membership in the present by-laws a new category called Supporting members whom we identify as any person having an interest in the welfare of the Canadian Dental Association and who does not qualify as an Ordinary, Associate or Student member. Providing for such a category would enable the Association to broaden its base and strengthen its financial position. In the case of Ordinary members, Associate members and Student members eligibility for membership should be automatic on payment of the appropriate annual fee. In the case of applicants for Supporting membership, we believe the final decision about eligibility should be left with the Executive Council and should not be automatic. We expect that interest in Supporting membership would be

expressed by such groups as representatives of industry, hygienists, dental assistants and dental technicians. Since, however, the aims of the Association are to serve the interests of the dentists of Canada we would not recommend that Supporting members have any voting privileges in the Association.

Students should have a larger role in the Association than at present. The strength of the Association will be through individual memberships and the future source of individual members will be the student body. The time to gain their interest and support is when they are students and this can be done by enlarging their role and improving the services to them.

As the Association moves to establish a new base through individual membership, the Task Force sees no necessity of maintaining a formal relationship with the present corporate members. This is not to say that effective communication between the corporate members and the Association should not be maintained; neither is it meant to suggest that the Association should not provide services to corporate members. On the contrary, specific recommendations are made below for greatly improved service to corporate members through the Association. What we do mean is that the present relationship in which the Board of Governors is drawn from the corporate members and in which financing of the Association is reached by agreement between the Association and the corporate members should automatically cease when the governing body is drawn from the individual membership.

Since, however, we contemplate greatly improved services to the provincial associations through the establishment of an effective Bureau of Economic Research, referred to below, we see a need for divisional membership to replace the present corporate membership. We visualize the establishment of five Divisions of the Association. The B.C. Division; the Western Division representing the Alberta Dental Association, the College of Dental Surgeons of Saskatchewan and the Manitoba Dental Association; the Ontario Division; the Quebec Division; and the Atlantic Division representing the New Brunswick Dental Society, the Nova Scotia Dental Association, the Dental Association of Prince Edward Island and the Newfoundland Dental Association. Divisional membership would entitle the divisional members, or their provincial constituents, to receive statistical and other analyses produced regularly by the Association, to contract for research and other services through the Bureau of Economic Research and to purchase other services available through the Association at cost. The purpose of forming Divisions is simply to provide groupings of sufficient size to allow for an equitable and nominal fee structure. Although the Divisions would be made up of provincial associations we contemplate a fee structure related to the number of Ordinary members in each Division.

The Task Force calls for replacement of the present Board of Governors by a much larger, more representative General Council, and this body should be the supreme governing body of the Association. We believe there should be at least one member on the General Council for each 100 Ordinary members, or part thereof, in each province. Whether the figure should be 100 or more or less is a matter of judgment. In our view, however, 1 to 100 would provide good grassroots representation and yet would not become too unwieldy a body to deal with basic policy issues.

For example, even if all of the dentists in Canada chose to become members of the Association, the General Council would only number about 100 persons. In practice it is likely that for some years the number will be substantially less than 100 members on the General Council.

The Task Force's draft by-laws call also for one member representative of the student members in each accredited dental school and one member for each 100 or part thereof dental officers in the Canadian Forces Dental Services. Electing one member from each accredited dental school is designed to generate interest and participation in the Association on the part of students. At present there are approximately 170 dental officers in the Canadian Forces Dental Services and so the proposed by-laws would entitle them to two members if all or most of them were Ordinary members of the Association. Our reason for recommending membership on the General Council from the dental officers in the Canadian Forces Dental Services is because, as pointed out by Brigadier-General Craigie, "the CFDS is a military organization with a distinct place in the society which created it and to which it is unconditionally committed, that is to the service of Canada and not to any particular location or region. Although officers are licensed to practice in a province of Canada, they do not necessarily practice in that province by reasons of the exigencies of the service. This should not be construed to mean that registration by location necessarily implies representation by location."

Another important principle is that membership in the General Council should be chosen by Ordinary members in a general election in each province. This election should be designed to ensure that suitably qualified nominees are put forward by appropriate nominating committees, but also that Ordinary

members have the opportunity of putting persons of their choice onto the ballot. To this end provision is made for any group of ten or more Ordinary members, Student members or members who are officers in the Canadian Forces Dental Services to nominate candidates within their jurisdiction by submitting a nomination in writing to the Executive Director, signed by each of the ten nominators. The purpose, of course, is obvious: to ensure that the composition of the General Council truly reflects the wishes of the general membership.

Because of the size of the General Council, and the fact that it is expected to deal with policy issues only, it would not be reasonable to expect it to meet more than once a year, that is at the Annual meeting of the Association. Between meetings the business of the Association should be conducted by an Executive Council made up of officers and one Ordinary member drawn from each province. Provision is made that the members of the Executive Council must be members of the General Council and that they are elected by the General Council at the Annual meeting.

Beyond the above general principles reflected in the draft by-laws we draw attention to the following list of changes from the by-laws presently prevailing.

1. Provision is made for Student members to be elected to any office of the Association except that they are not eligible for service on the Executive Council.
2. Student members are entitled to vote in the election of a member of the General Council to represent the student members of the dental school in which they are registered.
3. Elections to the General Council are designated for terms of two years. We require candidates to declare their intention of attending the annual meetings of the General Council. We do not contemplate attendance being paid for by the Association.

4. The advisory role of the Executive Director in respect of policy matters is strengthened.
5. Provision is made for a Director of Administration who shall be fully responsible for the management and administration of the headquarters.
6. Provision is made for a finance committee to perform the functions previously assigned to a Treasurer.
7. The power of the General Council to remove officers elected or appointed is limited to removal "with cause".
8. Any group of ten members of the General Council shall be entitled to nominate candidates for any office.
9. The Executive Director is made responsible for the preparation of estimates for carrying on the activities of the Association.
10. The voting members of the corporation (as opposed to the Association) shall be the members of the Executive Council.
11. A student is added to the membership of the Council on Education.
12. The Council on Insurance and Investment draws its membership of five from each of the Divisions.
13. The Council on Legislation is made responsible for opposing or endeavouring to modify federal legislation and on invitation of provincial associations, provincial legislation which is in conflict with existing policies of the Association.
14. The Bureau of Dental Statistics is changed to a Bureau of Economic Research.
15. Proposals for amendments of by-laws are required to be published in the Journal at least three months prior to the meeting of the General Council at which action on proposed amendments is to be considered.

We draw attention finally to the fact that elsewhere in this report it is recommended that the case for maintaining standing Councils of the Association be reviewed. In each case where a particular Council is called upon only occasionally or irregularly, it would be more economical and efficient to dissolve such Councils and when a need arises bring into being a special ad hoc committee to deal with the problem and then be dissolved. In view of this opinion of the Task Force, the inclusion of the present Councils and Committees in the by-laws as amended must be considered to be without prejudice. We hope and expect that the Association will choose to dissolve several of these Councils and Committees.

Recommendations

The Task Force recommends:

- 1) That the Canadian Dental Association take steps immediately to introduce and approve new by-laws consistent with the general principles endorsed by the Task Force and modelled along the lines proposed by the Task Force and that the Association announce its intentions of acting on the proposed by-laws at a special meeting of the Board of Governors between the Annual meetings of 1974 and 1975.

- 2) That the Association pass the following resolution at its Annual meeting in 1974:

Whereas it is the intention of the Canadian Dental Association to adopt a new set of by-laws providing for a General Council drawn by election from individual members in the provinces of Canada, and

Whereas the proposed new by-laws will dissolve the present relationships with its Corporate members, and

Whereas legislation is required in some provinces to discontinue certain of the present relationships of the Corporate members with the Association,

Be it resolved that

- a) the Canadian Dental Association notify its Corporate members of its intention from the present date to establish a General Council of elected members to come in to being at the time of the Annual meeting of the Association in 1975, and
- b) the Canadian Dental Association recognize a transitional period from the present date until December 31, 1977 during which the present Corporate members, at their discretion, may continue to enrol all registered dentists as members of the Canadian Dental Association subject to the Corporate member paying to the Association the agreed annual fee, and
- c) from the date of establishment of the new General Council, membership on the General Council shall be determined by the number of members of the Association in each province, whether or not the members have been drawn on a purely voluntary basis or through action of the present Corporate members, and
- d) the Canadian Dental Association notify the Corporate members that notwithstanding any decisions which they may make to continue enrolling members in the Canadian Dental Association during the period of transition, Corporate membership in the Association shall cease to exist at such time as the new

by-laws have been passed and approved by the Ministry of Consumer and Corporate Affairs and the new General Council has been elected.

FINANCIAL PROSPECTS

The financial implication for the Association of conversion to an organization based on voluntary individual memberships is an immediate drop in income.

That fact assumes that there will be at the outset far fewer than the total number of Canadian dentists prepared to apply for voluntary membership. What that number will be is a matter of speculation but the Task Force thought it prudent to estimate the number conservatively. Accordingly, we assumed that, in the early stages of the transition to a new organizational base and new objectives, the minimum membership might be as small as 50 percent of the dentist population.

The Task Force therefore considered it necessary to examine the current income and expenditures of the Association in order to be able to answer a number of critical questions. What is a realistic estimate of the income in the early years of reorganization? Of the present programmes, which could or should be self-supporting? What programmes might be considered low in priority and therefore candidates for elimination or reduction in scope? Are there other possibilities of cost reduction? Are sufficient adjustments in expenditures possible to balance income and expenditure during a period of transition?

The purpose of this examination was not to propose specific solutions for the Association but to suggest an approach to expenditure control and to permit a judgment as to whether, within the general framework of the Association's current programmes practical solutions to the financial problems are possible. The analysis led the Task Force to believe that

adjustments are possible which will allow the Association to operate on the foundation of voluntary individual memberships. It will be for the Association to decide whether the particular judgments used in this analysis represent the best choices. It is encouraging that the analysis suggests a reasonable degree of freedom to make different decisions.

In order to carry out its analysis the Task Force was provided with a breakdown of expenditures for 1972 according to programme (Table 1). The figures represent approximations since salaries of headquarters staff were allocated against the various activities on the basis of estimates of the time devoted to each. The exercise was carried out for the Task Force by the headquarters staff and represents their best judgment of the distribution of total expenditures.

It can be seen that gross expenditures totaled to \$630,000. Income (other than for membership fees) was \$287,500 and the net cost, to be met through membership fees, was \$342,500. If only half the 7,664 dentists had been members in 1972, at a fee of \$65, they would have generated fee income of \$244,000. In short, there would have been a deficit of approximately \$100,000 in that year. That is the dimension of the problem.

Table 2 lists a number of programmes which, in the view of the Task Force, might be made self-supporting.

It seems inappropriate that the Association should bear any of the costs of accreditation. The service is of benefit, indeed is essential for the welfare of the schools. There is also an identifiable benefit to licensing boards which must assure themselves of the quality of education if they are

to rely on the performance of students within a school as a basis for awarding licenses. The Task Force suggests that the Association is in this instance providing a service which should be paid for in full by either or both the school being accredited or the licensing body. Conversely, little reason can be seen for charging the dentists who have chosen membership in the Association for the accreditation of Canadian dental schools. It should be understood, of course, that the rules and procedures governing accreditation would continue to be determined by the Council on Education and would not be subject to modification at the request of a purchaser of the service.

Recruitment and public information are both areas in which the Association could be willing to supply materials such as pamphlets, tapes, film strips, etc., but these activities could be limited to meeting, at cost, an identified market. Purchasers could include the present Corporate members, local dental societies, faculties of dentistry, School Boards, etc. The Association could see itself as a producer and purveyor of materials and information at cost but need not be in the position of subsidizing these programmes.

Student services are at present subsidized. The Journal is provided to student members who pay only a \$5.00 membership fee. Travel to student conferences is also underwritten to the extent of \$6,800 by corporate gifts. Since the lifeblood of the Association will depend on the enthusiasm of the dentists of tomorrow, there is a strong case for keeping student fees low. There is an equally strong case for improving programmes for students and

involving students more actively in the affairs of the Association. The \$5 fee is nominal and in the opinion of the Task Force implies that there is little value in student membership. We suggest that it be increased promptly to \$10 and that further review take place as student involvement and student programming is increased. A larger base of student membership is urgently needed. Achieving it will depend heavily on offering something of value for which the students would be willing to pay.

The Task Force discussed the Journal at length. The survey showed that interest in the Journal is reasonably high. Thirty-nine percent of respondents rated their interest as high and 59 percent had some interest. In general, the quality of the Journal was not as well rated as the interest in it. These findings must be coupled with the high importance attached to "communications" by the respondents. The Task Force concluded that strengthening the Journal with a view to making it a more effective instrument of communication deserves a high priority in the affairs of the Association.

The Task Force reached several conclusions:

- 1) Every effort should be made to see that the Journal reaches every dentist in Canada, i.e., non-members as well as members. The Journal is the best means of maintaining communication with all Canadian dentists. As such it is a valuable tool for recruitment of new members, and a useful instrument for influencing and shaping professional opinion. In more mundane terms, advertising revenues will be proportional to the size of the readership. Maintaining and improving the quality of the Journal requires the revenues generated by advertising.

- 2) The Journal should be self-supporting. The Task Force was not competent to judge the efficiency and economy of the procedures used in producing the Journal. We were impressed however to learn that since 1972, Journal income has increased to an estimated \$172,445 from \$121,200 and that support from general revenues has been reduced from \$94,100 to an estimated \$80,950. The editor advised us that "within a year it might be possible to produce the Journal almost through the support of the advertisers so that CDA could reap the benefits of a prestigious publication at very little cost". This may be an optimistic view but it is an objective which should, in the opinion of the Task Force, be approached as closely as possible. As noted, we are not competent to judge the procedures used by the Journal at the present time but based on recent favourable experiences with the Ontario Dental Journal we urge that an expert review be undertaken to ensure that the best practices are being followed. Concurrently, the style and content of the Journal should be immediately reviewed in the light of findings from the survey and shifting Association priorities accompanying reorganization.
- 3) Licensing bodies should be invited to include the cost of the Journal in the licensing fee and should request and pay for Journal subscriptions for all registered dentists. The Journal subscription rate, according to the editor, should be \$15 instead of \$10.

The Task Force believes the price of the Journal in some provinces could be separated from the membership fee. It seems reasonable and desirable that the licensing bodies should be interested in seeing that the Journal

of the national Association should reach all registered dentists. The Committee on Healing Arts in Ontario observed that:

"Everywhere apparent in the professions is the increasing recognition of the wisdom of ensuring competence of the practitioner at stages of his career subsequent to initial qualification. This recognition results not only from the accelerating pace of new developments in the practitioner's field, which is evident in the widely quoted statement that medical or scientific knowledge doubles every ten years, but also from the realization that it was never a responsibility that was entirely satisfactorily discharged. But the issue today is not whether a practitioner once licensed should be required to submit to continuing education so that his knowledge does not become obsolete, but rather what feasible means ought to be employed to this end. The existing formal mechanisms are quite inadequate for this task. These have been the powers of discipline for professional misconduct. The most glaring defect of this type of control is that it operates only after the practitioner's incompetence has allegedly manifested itself. It is not a preventive measure..."

In the view of the Task Force some of the provinces might be willing to accept this suggestion. It might be unacceptable in Ontario and Quebec if considered to be inconsistent with the spirit of recent legislation. Moreover these two provinces publish their own Journal. In those provinces willing to accept the suggestion the cost of individual memberships would be reduced by \$15 and more than offset by a lump sum payment for Journal

subscriptions for all registered dentists in the province. We repeat, however, our view that the Journal should reach all dentists in every province even if a licensing body is unable to meet the costs of subscriptions.

The net effect of these conclusions, if implemented, would be that:

- 1) the Journal would operate with a reduced differential between advertising and operating costs,
- 2) the differential would be partly offset by subscription revenues from regular subscriptions, and hopefully from subscriptions related to licensing fees,
- 3) the Journal would be sent to every dentist in Canada,
- 4) a residual subsidy from general revenues of the Association might be necessary to cover remaining costs not offset by advertising plus subscription revenues but this subsidy, if any, would be small.

The Directory has not in the past been a self-supported activity but steps have recently been taken by the Executive Director to see that it becomes self-supporting in the future. Likewise the Convention should not be a net cost to the Association. The most recent experience confirms this and it is the view of the Executive Director that the Convention should and can generate a modest income for the Association to offset indirect expenses, perhaps \$15,000 per year.

The expenditures on Insurance and Investment are of value to those members of the Association taking advantage of the services. It seems proper that they, and not the entire membership, should pay the costs of providing the service. The Association might examine the need for all the expenditures in this category, (especially the \$3,700 travel budget) and take steps to cover necessary costs as an inescapable service charge.

Certain activities of the Association were considered by the Committee to be of questionable priority. These include the \$37,000 devoted to the support of research. Most of this goes for fellowships to support graduate study for future teachers. This programme in the past has been of great value to the profession, but is it still a high priority activity today? The fact is that scholarships from other sources are available for highly qualified students. Moreover dentistry has passed the stage where it had to be dependent on the research efforts of persons trained initially in dentistry. Numbers of highly qualified scientists with PhD background are available in most of the disciplines relative to dental research. The Task Force felt that it might be reasonable to reduce this budget substantially. A figure of \$17,000 is suggested but consideration should be given to eliminating this programme entirely.

The Transactions represent an expenditure of doubtful value. Mimeographed copies for the officers of the Association plus well-written accounts in the Journal covering significant discussions and decisions are surely all that is needed. It is significant that the Association has taken a similar view concerning the Governors' letters and has discontinued them.

The library has been growing gradually for many years. It is funded for acquisitions through a Trust Fund but has had no clear collection policy. It makes loans numbering about 100 per month for which it pays the postage. In addition, some dentists use it as a place of study, especially foreign dentists studying for examinations. It is a source of foreign dental journals received gratis in exchange for the Journal of the Canadian Dental

Association. Dental school libraries rely on the Association library for foreign publications in this category. One of the library's main functions is to provide reference material needed in connection with the publication of the CDA Journal.

The Task Force suggests that the library acquisitions should be those which will best serve the needs of the Association's editors in publishing the Association's Journal. It ought not to attempt to duplicate services available in dental school libraries and should discontinue loans of material readily available elsewhere. The staff commitment for the proposed policy could be reduced to a minor part of some person's time and the principal expenditure would be for acquisitions for which a Trust Fund exists. It is worth noting that the survey showed that only a minority of members felt that the library provides a very important service.

Beyond the above possibilities, the Task Force is bound to note the very large portion of total revenue used for travel. A good deal of this would be offset by revenue from self-financing functions if the above or similar proposals were implemented. Nevertheless, the remaining travel bill would be large and in the view of the Task Force might be reduced by at least 10%. One way of effecting savings would be to reduce the number of Councils and replace them by ad hoc committees when there was a need for action. This should eliminate a number of meetings of marginal value. Another device, much cheaper than meetings, is the telephone conference which is suitable for a reasonably short agenda. A third possibility would be to rely more heavily on good staff work and correspondence to deal with problems. We believe worthwhile savings in both money and the time of members are possible.

Table 2 shows an additional expenditure of \$50,000 for a Bureau of Economic Research. What the Task Force has in mind is a conversion and expansion of the present Bureau of Dental Statistics to a professional resource center for the Association. We place high on the priority list for the Association the function of presenting to governments, especially the federal government, the views of dentists of Canada. If this function is to be performed effectively, the profession's views must be developed on the basis of good data and careful analysis. Moreover, the data and analyses must accompany presentations of policy positions as the evidence necessary to validate the soundness of the Association's position. The range of basic information needed on a continuing basis is substantial and includes statistics on dental manpower (including ancillary manpower), the distribution of services, dental health needs and demand, costs, capacity and demand for dental education, numbers and distribution of specialists, dental facilities and staffing of hospitals, and various refinements and extensions of such basic data. In addition, we visualize the Bureau of Economic Research as having a capability of responding to the need for special studies through its own resources and by temporary staff expansions to meet particular needs. Such studies from time to time might involve, for example, analyses of present or proposed dental health plans, analyses of the implications of proposed legislation or the results of imposed legislation, analyses of experiments and experiences in the use of auxiliaries.

We do not, of course, contemplate the proposed Bureau undertaking more than the regular recurring statistical and analytical work on the basis of a budget of \$50,000. We believe rather that the Bureau should have a professional competence and leadership capable of responding on a contract basis to requests for special studies emanating from the Association or from provincial

associations or licensing bodies. One such facility for Canadian dentistry is needed but one is enough to serve both the national Association and the provinces. We see the need for the Canadian Dental Association to provide the facility and we would look upon action by any of the provinces to duplicate such a resource as being imprudent and wasteful.

Sources of Income

The principal source of income in the future must be the membership fees of individual members which, for the purpose of this analysis, we fix at the present \$65 level. Membership on a voluntary basis should cover from the beginning at least 50% of the dentists. Based on 1972 registrations, the resultant income is shown in Table 3.

A speculative figure is shown for Journal subscriptions based on licensing boards in provinces other than Ontario and Quebec accepting an invitation to purchase subscriptions for all registered dentists at a rate of \$15.00. In 1972, the number of registered dentists in the eight provinces was 2,669. The additional subscription income would apply to half of them. (For the remaining half the subscription income would be offset by a \$15 reduction in membership fee.)

The Task Force suggests also a basis for a fee schedule for Divisional membership in the Association. We propose that the fee should be \$3,500 for every 500 Ordinary members or part thereof in each Division. Assuming 50% of registered dentists in each Division are members, the Divisional income (1972) would total \$38,500.

The Task Force believes that the present Corporate members will continue to have an interest in the Association. They will be able to obtain a number of services at cost as described above. In addition, a major and continuing need of the provincial associations (and the profession at large) is a source of good and current information about dental health plans, legislation, auxiliaries, etc. Provincial associations also need national data on manpower, dental practice income and expenditures, fees. A third important need is a highly professional facility for research through which provincial associations can contract special studies.

A possible additional source of income would be the federal government if it should be willing to underwrite the cost of producing essential annual sets of dental statistics. No figure appears in Table 3 in relation to this possibility.

Table 4 summarizes the income and expenditures, exclusive of self-supporting activities, according to the above analysis. The figures cannot be taken as precise but they are sufficient to illustrate that the Association can tolerate some substantial adjustments in income and expenditures. The analysis and assumptions would leave the Association with a surplus of income over expenditures of \$31,000.

The figures, of course, represent the situation in 1972. Since then costs have risen, probably by 20%, adding another \$70,000 to net expenditures. These however are offset by growth in membership from 7,664 to 9,399. If half of the increase took membership in the Association the additional income would be \$56,000. To this should be added \$14,000 representing the improved

performance of the Journal, for a total of \$70,000. Finally our figures assume only 50% of registered dentists would be members of the Association. This, in fact, can hardly be the case. While it may be true for Ontario and Quebec several provinces, because of legislation, may take some years to convert to a voluntary membership system. If therefore the membership represented 60% of the currently registered dentists, which seems entirely likely, the income would be increased by some \$60,000. In short, the chances are the Association, by making some firm decisions to reduce its expenditures, can begin a new era with a surplus of perhaps \$100,000.

The Task Force believes that additional sources of income may be available to the Association. For example, industries or businesses whose products or services are related to oral health or to the practice of dentistry are potential sources of sustaining grants to the Association. It is noteworthy that there is a substantial list of companies which provide sustaining grants for the support of the International Association for Dental Research. Trends in membership fees for professional associations need to be kept under review, as does the relationship between fee structure and services received. The Task Force suggests therefore that in order to maintain a watchful eye on income the Executive Council establish as one of its committees a Ways and Means Committee to recommend approaches to maintaining an adequate income for the Association's work. This duty might, in fact, be considered as an appropriate expansion of the responsibilities of the proposed Finance Committee composed of the President, President-elect and Past President.

Recommendations

The Task Force recommends that:

- 3) The Association take steps immediately to reduce its level of expenditures along the lines proposed by the Task Force, by making certain programmes self-supporting and by eliminating or curtailing low priority programmes.
- 4) The Association invite provincial licensing bodies (where it is legally possible) to commit funds to the purchase of Journal subscriptions for all registered dentists in the province.
- 5) The Association expand and convert its Bureau of Dental Statistics into a Bureau of Economic Research with sufficient financial support to allow regular comprehensive statistical reporting and to be able to respond to requests by provincial associations to conduct research on a contract basis.
- 6) The Association establish a fee structure for Divisional members based on the number of Ordinary members in the Division and set the fees for Divisional membership at a level sufficient to meet most of the basic cost of maintaining a Bureau of Economic Research.

TABLE 1

CDA Programme Expenditures, 1972

	Salaries & Benefits	Supplies & Expenses	Travel	Total	Less: Revenue	Net Cost	Notes
Public Protection. (Council on Ethics)	\$200	\$600	\$700	\$1,500	-	\$1,500	Printing & translation
Education							
(1) Council activities	2,500	800	3,300	6,600	-	6,600	
(2) Accreditation	2,500	800	10,100	13,400	-	13,400	
(3) Aptitude Test	8,200	15,100	500	23,800	32,000	(8,200)	
Recruitment	900	3,000	200	4,100	-	4,100	
Student Services	2,600	*8,000	**7,000	17,600	3,700	13,900	*includes \$7400 re Journal Subsc. **\$6800 of Travel underwritten.
Research	4,400	*28,000	4,600	37,000	-	37,000	*includes \$27,000 to CFDE
Government relations	4,400	1,500	800	6,700	-	6,700	
Communications (Intra).							
1. Journal	72,000	136,100	7,200	215,300	121,200	94,100	
2. Transactions	6,100	6,800	-	12,900	-	12,900	
3. Directory	5,000	1,500	-	6,500	2,000	4,500	
4. Library	9,500	*5,100	900	15,500	2,700	12,800	*\$4000 re books, periodicals etc.
5. Governors letter	4,000	1,000	-	5,000	-	5,000	
6. Conventions	17,200	89,100	5,300	111,600	105,900	5,700	
7. International Relations	8,800	*3,600	6,000	18,400	-	18,400	*includes FDI grant \$3000.
relations & Allied Services	5,300	500	800	6,600	-	6,600	
Insurance & Investment	6,100	1,000	3,700	10,800	-	10,800	
Public Information	21,800	*24,400	1,400	47,600	20,000	27,600	*includes \$15,000 re pamphlets -\$20,000 revenue is estimated pamphlet sales.
Statistics	10,500	1,500	-	12,000	-	12,000	
Council Board Mtgs.	10,000	3,000	40,000	53,000	-	53,000	
Conference	3,100	1,000	* -	4,100	-	4,100	*travel costs vary \$3000-\$15,000 usually recovered.
	205,100	332,400	92,500	630,000	287,500	342,500	

TABLE 2

Alternative Programme Expenditures applied to 1972 Programmes, CDA

Actual net expenditures		\$ 342,400
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Reductions

Activities which could be self-financed:

Accreditation	\$ 13,400
Recruitment	2,000
Student services	4,800
Directory	4,500
Convention	5,700
Insurance & investment	10,800
Public Information	13,800

Expenditures which could be eliminated or reduced because of low priority:

Research	17,000
Transactions	6,500
Library	8,800
Governors' letter	5,000

Additional reduction in travel costs, 10%

9,000101,300

Adjusted expenditures

241,100

Additional expenditure:

Bureau of Economic Research

50,000

NET EXPENDITURES

\$ 291,100

TABLE 3

Income for CDA based on a total of 7,664* registered dentists

Memberships (50% of 7,664 dentists at \$65)	\$ 249,080
Journal subscriptions for Canadian dentists ½ of 2,669 x \$15**	20,018
Convention	15,000
Divisional memberships:	
Atlantic 1 x 3,500 = \$3,500	
Quebec 2 x 3,500 = 7,000	
Ontario 4 x 3,500 = 14,000	
Western 2 x 3,500 = 7,000	
British Columbia 2 x 3,500 = <u>7,000</u>	<u>38,500</u>
TOTAL (excluding self-financing programmes)	\$ <u>322,598</u>

* Actual registration total, 1972

** Assumes subscriptions for all registered dentists except in Ontario and Quebec.

TABLE 4

Alternative income and expenditures based on
Task Force's Suggestions

Income

Memberships	\$ 249,080	
Journal subscriptions	20,018	
Convention	15,000	
Divisional memberships	38,500	
Self-financing activities	<u>55,000</u>	
Total		\$ 377,598

Expenditures

Net expenditures (Table 2)	291,100	
Self-financing activities	<u>55,000</u>	
Total		<u>346,100</u>

BALANCE		\$ <u><u>31,498</u></u>
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Note: This Table does not include offsetting revenues from Table 1 of \$287,500. For an approximation of gross income and expenditure this should be added, making:

Gross income	\$ 665,098
Gross expenditure	633,600
Balance	31,498

FUTURE PRIORITIES

The Task Force in its analysis was looking for a financial pattern which could be used during a transitional period as the Association adopted a new organization and accepted a different basis of financing itself. The Task Force believes that if the Canadian Dental Association is to be successful in the years ahead it must aim at attracting a very high proportion of Canadian dentists through the quality and value of its programmes, much higher than the 50% figure employed in our analyses.

The Task Force offers the following suggestions about programmes which in the future could enhance the value of the Association. It urges the Association through close contact with its members to become and remain sensitive to their needs and interests. Only through introducing programmes which serve genuine needs can the Association hope for or deserve the support of Canadian dentists.

The activity ranked highest in importance by the Survey respondents was representation of the profession's views to the federal government. We agree that this is of fundamental importance and will deserve continuing high priority among the Association's activities.

Among the major current programmes all but three were rated as being very important (so rated by more than half of the respondents). The three activities rated less in importance were "influence on dental education" (48%), library (35%), and student services (29%). We agree with the judgment on the library. Indeed our view is harsher on grounds of the limited use made of the library and the existence of a number of respectable libraries in dental schools across the country.

We disagree with the relative importance attached to services for students by our respondents. This is because of our conclusion that the Association must convert to voluntary membership. That fact makes it mandatory that the Association give prompt attention to improving the services for today's students who will be tomorrow's dentists. We draw attention to the high value attached by respondents to services for beginning graduates (including of course senior students), i.e., listings and evaluations of locations, costs of establishing a practice, methods of financing. These and other similar possibilities suggest attractive options for future programming.

The Task Force noted the substantial interest in a variety of possible new services expressed by the Survey respondents. In order of priority according to the judgment of the respondents and on the basis of designation of "high value" the services deserving consideration for the future are:

1. Evaluation of products, equipment, drugs, methods sold to dentists.
2. Practical clinical articles in the Journal dealing with frequent clinical situations.
3. Study of new approaches to delivery of dental care.
4. Continuing education programmes.
5. Economic analyses of costs of practice, salary rates, employee benefits, gross to net ratios, fee structure, etc.
6. Advice on setting up practice.

Additional possibilities, rated lower but with significant support,

include:

- 5) Professional advice on financial planning.
- 6) Consulting services for clinical problems.
- 7) Local news coverage in the Journal.
- 8) Evaluation of various models for private practice.

These possibilities suggest that there are a number of opportunities for the Association to serve its members better and that there are important ways in which it can exercise new leadership and become a more effective spokesman for Canadian dentists. Choosing among the options will be the central challenge as the Canadian Dental Association prepares for a changed future.

Recommendation

The Task Force recommends that:

- 7) The Executive Council review annually the programme priorities of the Association and advise the General Council on the need for new programmes and the phasing out of old programmes, consistent with financial capability.

HEADQUARTERS OPERATION

The Task Force undertook to examine the operation of the headquarters of the Association. This was done by inspecting the building, questioning the staff and holding lengthy interviews with eight senior members of the staff. This survey was not intended to be a management study but rather a means of gaining an overall impression of the headquarters operation to permit a judgment about whether recommendations about this central activity of the Association were indicated.

The examination led to the conclusion that there are deficiencies and weaknesses in the headquarters operation. They are sufficiently crippling that without correction they could, in themselves, obstruct the successful transition of the Association to a new status based on voluntary individual memberships.

Some of the problems are visible in a tour of the building which has been cut up and altered frequently and now provides the staff with a conglomeration of cubby holes, crowded ill-furnished offices, cupboards used as offices, rooms without windows or ventilation, hopeless communication between persons having related functions, storage space representing a fire hazard and striking imbalances between space committed to storage and space available to current operations. This latter problem is most noticeable in regard to library holdings. The prime space in the building, the large attractive high-ceilinged rooms on the main floor near the entrance, is crowded with library holdings, and some office space recovered by use of a moveable screen. A larger area in the basement is dangerously crowded with stacks holding largely back issues of Journals, little used but probably of considerable value as an historical collection. At the same time that a large proportion of available space is

committed to dead storage, some of the staff elsewhere throughout the building are assigned to space which would be acceptable only to persons of exceptional loyalty or persons resigned to an exceedingly depressing working environment.

The working conditions are reflected in the features of the operation. Supervision is inadequate. Lines of responsibility appear not to have been identified or communicated. Personnel are unaware of job descriptions. Most senior personnel have responsibilities in two or three different areas so that their efforts and commitment are fragmented. There is no regular reporting of monthly financial statements to the various divisions.

The difficulties stem from two circumstances. The first is that the Executive Director is overworked in maintaining his external responsibilities and contacts and at the same time trying to accept responsibility for the internal headquarters operation. The second circumstance is that the Comptroller who assumes some of the internal responsibilities has only 25% of his time assigned to CDA, has been given no definition of responsibilities, and is confronted with a potential conflict of interest.

A great many changes are needed in the headquarters operation, some to correct present difficulties and some to respond to new initiatives arising out of the recommendations of the Task Force. The job of the Task Force was not to spell out the details of the reforms, but rather to recommend necessary management changes which will encourage an effective headquarters operation.

In recommending changes, the Task Force noted that the Executive Director is at his best in the difficult task of representing the Association to the profession, other health organizations and governmental officials. He is an effective spokesman for dentistry and is highly regarded by his colleagues

across Canada and internationally. He has a grasp of the major issues facing the dental profession and his leadership role, accordingly, should be enhanced. He can offer and should be expected to offer advice on all policy matters. While it is ultimately the responsibility of the General Council to set policy, the Executive Director's advice should be taken seriously and he should have his time so allocated that his advisory role receives top priority.

Concurrently with strengthening the Executive Director's advisory role on policy and his role as a spokesman for the Association, the internal role of chief administrator should be recognized as a full time responsibility. Accordingly, the office of part-time Comptroller should be discontinued and the present Comptroller's functions should be limited to those associated with the CFDE. The Association should seek a full time Director of Administration who has professional training and experience in management. For all administrative and management purposes each division of the headquarters should be responsible to him. The head of each division should be consulted in the preparation of estimates for his division, should be responsible for adhering to the budget established for his division, and should be provided with a monthly statement of income and expenditures for his divisional budget.

Recommendation

The Task Force recommends that:

8) The Executive Director

- a) be responsible for offering advice on all policy matters to the General Council, other Councils, and Committees of the Association,
- b) be responsible for directing that the policy of the General Council be implemented,

- c) be empowered to draw on the resources of the Association in preparing advice to the General Council, other Councils, and Committees of the Association,
- d) be responsible for maintaining liaison with other dental, medical and health organizations and with the Government of Canada concerning matters of a professional dental nature,
- e) be responsible for receiving visitors and, along with the President, representing the Association on official occasions,
- f) have reporting to him a Director of Administration who shall be fully responsible for the management and administration of the headquarters.

HEADQUARTERS BUILDING

Against the background of our conclusions about organization, financing and priorities, the Task Force considered the question of the proposed move to Ottawa. It studied the financial data which provide an estimate of some \$45,000 additional operating costs as a result of the move and obtained answers to a list of questions raised by members of the Task Force.

The statement on financial implications of a move to Ottawa appear as Appendix 3. The Task Force was advised that the estimates of the building costs were "educated guesses". The actual cost will depend on tenders. The building as designed would have 38,581 gross square feet with useable space of 21,614 square feet. The size was determined by examining the present operation and by making some allowances for long term growth. Space not needed currently would be rented. The Task Force determined that alternatives to purchase have been considered and a careful examination of advantages and disadvantages of the move has been carried out by the Association. On the basis of the studies and reports, the Association purchased the Ottawa property following the 1971 meeting of the Association, and in 1972 the Board of Governors approved the erection of a new CDA headquarters building on Alta Vista property in Ottawa.

The Task Force concurs that there are important reasons for making the move and that there is financial advantage in proceeding promptly.

The principal reasons why the move is desirable include the following:

1. The Association needs to be close to government and the headquarters of other national associations of health professionals if it is to

be influential in future health care policies. In this regard it is worth noting that the survey respondents identified as their highest priority for the Association that of representing the profession's views to the federal government.

2. The present facilities are seriously over-crowded and unsuitable to the operation of a business-like headquarters activity.
3. There will be important symbolic and psychological advantages in the eyes of the membership in associating a new grass roots organization with a new and prestigious location in the nation's capital.

While recommending that the Association proceed with its new building, the Task Force noted with disappointment the limited success of the capital campaign. Several members were of the opinion that the organization of the campaign in some provinces left much to be desired. The Task Force concluded that the Association should give careful consideration to the possibility of further efforts to raise additional capital funds at a suitable time.

Recommendation

The Task Force recommends that:

- 9) The Canadian Dental Association proceed immediately with the construction of the proposed new headquarters building in Ottawa.

SUMMARY OF RECOMMENDATIONS

ORGANIZATION

The Task Force recommends:

- 1) That the Canadian Dental Association take steps immediately to introduce and approve new by-laws consistent with the general principles endorsed by the Task Force and modelled along the lines proposed by the Task Force and that the Association announce its intentions of acting on the proposed by-laws at a special meeting of the Board of Governors between the Annual meetings of 1974 and 1975.
- 2) That the Association pass the following resolution at its Annual meeting in 1974:

Whereas it is the intention of the Canadian Dental Association to adopt a new set of by-laws providing for a General Council drawn by election from individual members in the provinces of Canada, and

Whereas the proposed new by-laws will dissolve the present relationships with its Corporate members, and

Whereas legislation is required in some provinces to discontinue certain of the present relationships of the Corporate members with the Association,

Be it resolved that:

- a) the Canadian Dental Association notify its Corporate members of its intention from the present date to establish a General Council of elected members to come in to being at the time of the Annual meeting of the Association in 1975, and
- b) the Canadian Dental Association recognize a transitional period from the present date until December 31, 1977 during which the

present Corporate members, at their discretion, may continue to enrol all registered dentists as members of the Canadian Dental Association subject to the Corporate member paying to the Association the agreed annual fee, and

- c) from the date of establishment of the new General Council, membership on the General Council shall be determined by the number of members of the Association in each province, whether or not the members have been drawn on a purely voluntary basis or through action of the present Corporate members, and
- d) the Canadian Dental Association notify the Corporate members that notwithstanding any decisions which they may make to continue enrolling members in the Canadian Dental Association during the period of transition, Corporate membership in the Association shall cease to exist at such time as the new by-laws have been passed and approved by the Ministry of Consumer and Corporate Affairs and the new General Council has been elected.

FINANCIAL PROSPECTS

- 3) The Association take steps immediately to reduce its level of expenditures along the lines proposed by the Task Force, by making certain programmes self-supporting and by eliminating or curtailing low priority programmes.
- 4) The Association invite provincial licensing bodies (where it is legally possible) to commit funds to the purchase of Journal subscriptions for all registered dentists in the province.
- 5) The Association expand and convert its Bureau of Dental Statistics

into a Bureau of Economic Research with sufficient financial support to allow regular comprehensive statistical reporting and to be able to respond to requests by provincial associations to conduct research on a contract basis.

- 6) The Association establish a fee structure for Divisional members based on the number of Ordinary members in the Division and set the fees for Divisional membership at a level sufficient to meet most of the basic cost of maintaining a Bureau of Economic Research.

FUTURE PRIORITIES

- 7) The Executive Council review annually the programme priorities of the Association and advise the General Council on the need for new programmes and the phasing out of old programmes, consistent with financial capability.

HEADQUARTERS OPERATION

- 8) The Executive Director
 - a) be responsible for offering advice on all policy matters to the General Council, other Councils, and Committees of the Association,
 - b) be responsible for directing that the policy of the General Council be implemented,
 - c) be empowered to draw on the resources of the Association in preparing advice to the General Council, other Councils and Committees of the Association,
 - d) be responsible for maintaining liaison with other dental, medical and health organizations and with the Government of Canada concerning matters of a professional dental nature,

- (e) be responsible for receiving visitors and, along with the President, representing the Association on official occasions,
- (f) have reporting to him a Director of Administration who shall be fully responsible for the management and administration of the headquarters.

HEADQUARTERS BUILDING

- 9) The Canadian Dental Association proceed immediately with the construction of the proposed new headquarters building in Ottawa.

MINORITY REPORT

The objective which the executive of the Canadian Dental Association placed before the Task Force was one which would have this special committee design for the dentists of Canada, the framework for a viable national association different and alternative to the present structure. The major constraint in the evolution of this new model would be that membership be voluntary where previously it had been a function of Provincial license and thus involuntary.

It is perhaps a truism to say that the new Canadian Dental Association would attract members only if the new association were attractive to them. This attractiveness, in my view, is the 'sine qua non' of success in achieving the objectives of the national association. In great part, this attractiveness must result from the individual member having the greatest personal involvement in the affairs of the association.

As a basis for all debates of the Task Force Committee, it was accepted, a priori, that the membership in the C.D.A. would decrease in number as soon as a voluntary alternative became available. Since a membership of the greatest number would speak best as a national authority, all efforts in designing the new model were towards the closest relationship in all things between the new Canadian Dental Association and its voluntary members, with the hope that the maximum membership would be maintained.

Towards this end and at the final meeting I made the following proposal, unsupported by any other member of the committee.

Following the annual nomination of candidates for executive office, instead of members of the "General Council", alone, voting for the candidate of their choice, the entire voluntary membership should have a similar voice by voting in the election for these executive positions.

This innovation could bring a very close liaison between the general membership and the executive of the association. It would be an involvement for the individual member which might well attract his direct interest - a condition never before available to the dentists of Canada.

Charles Oler

REPORT OF THE EXECUTIVE DIRECTOR TO THE BOARD OF GOVERNORS
ANNUAL MEETING, 1973

1. Your CDA has a problem. In fact it has a number of problems, any one of which, if left to incubate without effective controls or inhibiting agents, could multiply and infect the life-blood of the Association, making it anaemic, weak and ineffectual as a national association for dentistry.
2. This state of affairs is not of sudden origin. It has, however, increased in intensity over the last four or five years and is now, in my opinion, near the breaking point.
3. There are a number of reasons for it. Details of its historic development are readily discernible for any who would seek them out. The key ones, I believe, are:
 - (a) the basic organizational structure of the Association (no power to implement its decisions and policies). The present structure served the organization well in its early years of operation but has become outdated in the context of professional organizations in the '70's;
 - (b) failure to communicate in a meaningful way the extent and value of the services performed for its members. The vast majority of CDA members do not know what the CDA does. Because of this lack of information, they are apathetic as to whether it expands those services and programs or discontinues them;
 - (c) failure of most individual dentists across Canada to accept responsibility for determining the objectives and proper functions of the national body and failure to assume an equitable financial involvement to support them;
 - (d) the inconsistencies in membership structure required as a result of provincial legislation. Irregularities from province to province with unequal sharing of responsibilities of all kinds make for discontent and inactivity;
 - (e) the inequitable representation of corporate members on the CDA Board of Governors;
 - (f) failure to relate realistically services and programs with revenues and expenditures. The Board of Governors and Councils devise policies and programs to expand services to members without providing the additional funding. In 1968 a five-year projection of services, revenues and expenditures was presented to the profession. It clearly displayed the impossibility of continuing the programs and services then being provided without an increase in the corporate member grants.

Five years later, two-thirds of the dentists in Canada are still not supporting the national grants to the extent that was deemed

necessary five years ago. Programs have suffered. Staff morale has suffered. And, although fixed costs as well as others continue to escalate at an alarming rate, no clear evidence of improving the financial situation is in sight.

4. What then are the major problems now confronting us?

In abbreviated terms, I believe they are:

- (a) how to communicate more effectively with all the Association's publics but particularly with the members of the dental profession;
- (b) how to overcome organizational weaknesses that have been inherited as a result of the BNA Act and our present organizational structure so as to enhance the image of the national association and attract support from the dentists;
- (c) how to overcome the irregularities in membership structure which are being forced upon the Association by provincial legislation and other factors beyond the Association's control;
- (d) how to improve the disparities in representation on the Board of Governors;
- (e) how to motivate the elected officials to participate actively, enthusiastically, knowledgeably and imaginatively in the design and implementation of their Association's programs;
- (f) how to develop a grant or/a dues structure that is equitable and acceptable to the majority of dentists;
- (g) how to determine the services and programs which the members of the Association want to provide for themselves and on their behalf;
- (h) how to set priorities for the services and programs selected that are compatible with staff support and with anticipated revenues.

5. Failure to come to grips with and resolve these basic problem areas will, in the writer's opinion, result in a disorganized, unproductive, ineffective, unhappy Association with which few dentists who take pride in their profession will want to be personally involved.

6. Can the situation be remedied? I believe it can. Success in this venture will, however, require a new dedication on the part of the profession's elected representatives and those who elect them. It will require an openmindedness to consider ways of doing things that we haven't tried before. It will require the courage of conviction. It will require the collective efforts in planning and implementation by all dentists who believe in the need of a national association for dentistry. It will require the financial support of those who believe that dentistry needs a national and an international voice to represent the dentists' interests at these levels of government and professional relations. It represents a challenge like Canadian dentistry has not faced since 1942. In those days the challenge was faced and won. Today there is a new era and a new challenge.

L E T T E R S P A T E N T
T O

CANADIAN DENTAL ASSOCIATION

continuing the incorporation
of CANADIAN DENTAL ASSOCIATION
under the provisions of the
Canada Corporations Act under
the name CANADIAN DENTAL
ASSOCIATION -- L'ASSOCIATION
DENTAIRE CANADIENNE

DATED 31st July, 1972

RECORDED 14th September, 1972

Film 315 Document 166


Deputy Registrar General of Canada.

(reprinted Jan/74)

MODEL BY-LAWS
FOR THE
CANADIAN DENTAL ASSOCIATION

This model represents a substantial revision of the present by-laws. New or amended sections are underlined or identified by a vertical line in the margin. Deletions can be identified by reference to the current by-laws.



Canada

By the Minister of Consumer and Corporate Affairs.
To all to whom these presents shall come, or whom the same may in
anywise concern,

Greeting:

WHEREAS, in and by section 159 of Part III of the Canada Corporations Act, it is in effect enacted that any corporation without share capital incorporated by Special Act of the Parliament of Canada for the purpose of carrying on, without pecuniary gain to its members, objects, to which the legislative authority of the Parliament of Canada extends, of a national, patriotic, religious, philanthropic, charitable, scientific, artistic, social, professional or sporting character, or the like objects, may apply for letters patent continuing it as a corporation under Part II of the Canada Corporations Act;

AND WHEREAS it has been established that CANADIAN DENTAL ASSOCIATION (hereinafter called the "Association") was incorporated by an Act to Incorporate the Canadian Dental Association, Senate of Canada Bill, 3rd Session, 19th Parliament, 6 George VI, 1942;

AND WHEREAS the Association has applied for letters patent continuing it as a corporation under Part II of the Canada Corporations Act under the name CANADIAN DENTAL ASSOCIATION--L'ASSOCIATION DENTAIRE CANADIENNE and has satisfactorily established the sufficiency of all proceedings required by the said Act to be taken and the truth and sufficiency of all facts required to be established previous to the granting of such letters patent;

NOW KNOW YE that the Minister of Consumer and Corporate Affairs, by virtue of the power vested in him by section 159 of the Canada Corporations Act, does, by these letters patent, continue the Association as a corporation under the provisions of Part II of the said Act and does ordain and declare as follows:

- "1. The name of the Association to be continued is CANADIAN DENTAL ASSOCIATION -- L'ASSOCIATION DENTAIRE CANADIENNE.
2. The objects for which the Association is to be continued are:

- (a) to cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession;
 - (b) to conduct, direct, encourage, support or provide for exhaustive dental and oral research;
 - (c) to elevate and sustain the professional character and education of dentists;
 - (d) to promote mutual improvement, social inter-course and goodwill among the members of the profession;
 - (e) to enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental service;
 - (f) to disseminate knowledge of dentistry and dental discoveries;
 - (g) to have cognizance of and safeguard the common interests of the dental profession;
 - (h) to publish dental journals, reports and treatises; and
 - (i) to do all further or other lawful acts and things as are incidental or conducive to the attainment of the above objects.
3. The head office of the Association is to be situate in the Municipality of Metropolitan Toronto, in the Judicial District of York, in the Province of Ontario.
4. It is specially provided that, when authorized by by-law duly passed by the board of governors and sanctioned by at least two-thirds (2/3) of the votes cast at a special general meeting of the members duly called for considering the by-law, the board of governors of the Association may from time to time:
- (a) borrow money upon the credit of the Association;
 - (b) limit or increase the amount to be borrowed;
 - (c) issue debentures or other securities of the Association;
 - (d) pledge or sell such debentures or other securities for such sums and at such prices as may be deemed expedient; and
 - (e) secure any such debentures, or other securities or any other present or future borrowing or liability of the Association, by mortgage, hypothec, charge or pledge of

- 3 -

all or any currently owned or subsequently acquired real and personal, movable and immovable, property of the Association, and the undertaking and rights of the Association.

Any such by-law may provide for the delegation of such powers by the board of governors to such officers or governors of the Association to such extent and in such manner as may be set out in such by-law.

Nothing herein limits or restricts the borrowing of money by the Association on bills of exchange or promissory notes made, drawn, accepted or endorsed by or on behalf of the Association.

5. The business of the Association shall continue to be carried on without pecuniary gain to its members and any profits or other accretions to the Association shall be used in promoting its objects."

GIVEN under the seal of office of the Minister of Consumer and Corporate Affairs at Ottawa this thirty-first day of July, one thousand nine hundred and seventy-two.



for the Minister of Consumer
and Corporate Affairs



CANADIAN DENTAL ASSOCIATION
L'ASSOCIATION DENTAIRE CANADIENNE

GENERAL BY-LAWS

A By-law relating generally to the transaction of the business and affairs of the CANADIAN DENTAL ASSOCIATION, L'ASSOCIATION DENTAIRE CANADIENNE.

BE IT ENACTED AND IT IS HEREBY ENACTED as a By-law of the CANADIAN DENTAL ASSOCIATION, L'ASSOCIATION DENTAIRE CANADIENNE (hereinafter called the "Association") as follows:

ARTICLE I

NAME

The name of the Association shall be the CANADIAN DENTAL ASSOCIATION and in French L'ASSOCIATION DENTAIRE CANADIENNE.

ARTICLE II

HEAD OFFICE

The head office of the Association shall be in the Municipality of Metropolitan Toronto, in the Province of Ontario and at such place therein as the Board of Governors may from time to time determine.

ARTICLE III

SEAL

The seal, an impression whereof is stamped in the margin hereof, shall be the corporate seal of the Association.

ARTICLE IV

OBJECTS AND PURPOSES

The objects and purposes of the Association shall be those set forth in the Letters Patent continuing the Association under Part II of the Canada Corporations Act, namely:

- (a) to cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession;
- (b) to conduct, direct, encourage, support or provide for exhaustive dental and oral research;
- (c) to elevate and sustain the professional character and education of dentists;

- (d) to promote mutual improvement, social intercourse and goodwill among the members of the profession;
- (e) to enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental service;
- (f) to disseminate knowledge of dentistry and dental discoveries;
- (g) to have cognizance of and safeguard the common interests of the dental profession;
- (h) to publish dental journals, reports and treatises;
- (i) to do all further or other lawful things and acts as are incidental or conducive to the attainment of the above objects.

ARTICLE V

MEMBERSHIP

There shall be six classes of members in the Association: Divisions, Ordinary members, Associate members, Student members, Supporting members, and Honorary members.

Section 1

Divisions

There shall be Divisions of the Association and the following shall be eligible for Divisional membership on payment of the annual fee:

- 1) The B.C. Division representing the College of Dental Surgeons of British Columbia.
- 2) The Western Division representing the Alberta Dental Association, The College of Dental Surgeons of Saskatchewan, The Manitoba Dental Association.
- 3) The Ontario Division representing the Ontario Dental Association.
- 4) The Quebec Division representing the Ordre des Dentistes du Quebec.
- 5) The Atlantic Division representing The New Brunswick Dental Society, The Nova Scotia Dental Association, The Dental Association of Prince Edward Island, The Newfoundland Dental Association.

Ordinary Members

Every dentist in good standing, licensed to practice dentistry in a province in Canada shall automatically be an Ordinary member on payment of the applicable annual fee.

Associate Members

Any dentist in good standing, graduated from a Faculty of Dentistry in Canada but not licensed to practice dentistry in a province in Canada, shall be automatically an associate member on payment of the appropriate annual fee.

Student Members

Any undergraduate student in an accredited dental school in Canada and any graduate dentist eligible to be an Ordinary member who has gone directly from an undergraduate programme to a full academic year or more of advanced study in a university, or in a hospital programme approved by the Association, shall be automatically a student member of the Association on payment of the appropriate annual fee.

Supporting Members

Any person having an interest in the welfare of the Canadian Dental Association and who does not qualify as an ordinary, associate, or student member shall be eligible to apply for supporting membership and shall become a supporting member on being admitted by the Executive Council and on paying the appropriate annual fee

Honorary Members

Honorary members shall consist of persons who shall have rendered valuable service to the Association, and such other persons as may be determined by the Executive Council and shall have been elected to Honorary membership by the Executive Council and who shall have consented to such election.

PRIVILEGES OF MEMBERS

Divisional Members

A Division shall be entitled to receive statistical and other analyses produced regularly by the Association, and to contract for research and other services through the Association's Bureau of Economic Research, and to purchase other services available through the Association at cost. A Division may make submissions to the General Council by way of submitted resolutions pursuant to Article XIV.

Ordinary Members

(a) An Ordinary member in good standing shall be entitled annually to a certificate of membership, to receive the Journal

of the Canadian Dental Association, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.

(b) An Ordinary member in good standing shall be eligible for election or appointment to any office or agency of the Association, except as otherwise provided in these by-laws.

(c) An Ordinary member under disciplinary sentence of suspension by a provincial licensing body may not hold office in the Association or participate in its proceedings. Temporary suspension will not be cause to forfeit eligibility to Association sponsored insurance plans.

(d) An Ordinary member shall be entitled to vote in the election of members of the General Council representative of the province in which he is resident.

Section 2

Associate Members

An Associate member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association.

He shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council. He shall not be entitled to serve as a member of the Board of Governors, the Executive Council or as chairman of a council, but may serve as a member of a committee or council. Associate members shall not be entitled to vote on any question arising at any meeting of members of the Association.

Section 3

Student Members

(a) A Student member in good standing shall be entitled annually to a certificate of membership, to receive the Journal of the Canadian Dental Association, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.

(b) A Student member in good standing shall be eligible for election to any office or agency of the Association except as otherwise provided in these By-laws and except that he shall not be entitled to serve as a member of the Executive Council.

(c) A Student member shall be entitled to vote in the election of a member of the General Council to represent the student members of the accredited dental school in which he is registered.

Section 4 Supporting Members

A Supporting member in good standing shall be entitled annually to receive a certificate of membership and the Journal of CDA. He shall be entitled to attend scientific sessions of the Association on payment of applicable fees and to enjoy such other services as are authorized by the Executive Council. A Supporting member shall not be entitled to vote on any question arising at any meeting of members of the Association.

Section 5 Honorary Members

An Honorary member shall be entitled to receive a certificate of Honorary membership and a complimentary subscription to the Journal of the Canadian Dental Association. He shall be entitled to attend scientific meetings under the auspices of the Association without payment of registration fee. An Honorary member shall not be entitled to vote on any question arising at any meeting of members of the Association.

ARTICLE VII

TERMINATION OF MEMBERSHIP

The interest of any member of the Association, other than a Corporate member, is not transferable and lapses and ceases to exist

- (a) if the dues or assessments due and payable by such member are more than two (2) months in arrears and the Board of Governors determine by resolution that such membership be terminated;
- (b) upon the death of the member; and
- (c) upon the resignation by notice in writing addressed to the Executive Director of the Association, which resignation shall be effective upon receipt thereof by the Executive Director.

Article VIII

GENERAL COUNCIL

Section 1 Composition

There shall be a General Council which shall include the (a) President, (b) immediate Past President, (c) one member for each 100 ordinary members or part thereof in each province (exclusive of members who are officers in the Canadian Forces Dental Services), (d) one member representative of the Student members in each accredited dental school, (e) one member for each 100 members or part thereof of the members who are dental officers in the Canadian Forces Dental Services.

Section 2

Elections

(a) There shall be a biennial election by mail ballot to elect members of the General Council.

At the first election the members elected from Newfoundland, Nova Scotia, New Brunswick, Prince Edward Island and Quebec shall be elected for a two year term and the members from Ontario, Manitoba, Saskatchewan, Alberta and British Columbia shall be elected for a one year term. Thereafter elections for membership on the General Council shall alternate annually between the five western provinces and the five eastern provinces.

(b) At each Annual meeting of the Association, or prior to it, the members of the General Council from each Division which is due for an election shall elect a nominating committee of five persons to nominate candidates for membership in the General Council from each province within the Division.

(c) In like manner, the members representative of the Canadian Forces Dental Services shall appoint a nominating committee of five persons to nominate candidates for membership on the General Council from among the members drawn from the Canadian Forces Dental Services.

(d) In like manner, the Student members shall elect a nominating committee of five persons to nominate candidates for membership on the General Council from among the student members of the Association.

(e) In addition, any group of ten or more Ordinary members, Student members, or members who are dental officers in the Canadian Forces Dental Services shall be entitled to nominate candidates within their jurisdiction by submitting a nomination in writing to the Executive Director signed by each of the ten nominators.

(f) No person shall be eligible to have his or her name on the ballot until he has signified in writing his willingness to serve and his intention of attending meetings of the General Council while he or she is a member.

(g) The Executive Director shall prepare appropriate ballots to be distributed by mail in each province where an election is to take place to each Ordinary member, and to each Student member and to each member who is a dental officer in the Canadian Forces Dental Services. The ballots in each instance shall carry the name of each properly nominated candidate.

(h) The ballots shall be mailed not less than 90 days prior to the Annual Meeting at which the newly elected General Council shall sit.

(i) Ballots shall be marked and returned to the Executive Director not less than 60 days prior to the Annual Meeting.

(j) The ballots shall be counted and the results of the election certified by an election committee of three appointed by the Executive Council.

(k) The candidates shall be notified of the results by the Executive Director not less than 45 days prior to the Annual Meeting.

(l) The results of the election shall be carried in the issue of the Journal next published after the election.

(m) No member of the Association shall be eligible to be a member of the General Council for more than three consecutive terms of two years, unless he is elected to the office of President-elect in which case he shall automatically remain on the General Council for three additional years from the time he becomes President-elect.

ction 3

Powers

(a) The General Council shall be the supreme authoritative body of the Association.

(b) It shall determine the policies which shall govern the Association.

(c) It shall have power to enact, amend and repeal the by-laws governing the Association pursuant to Article XXIII.

(d) It shall have the power to adopt and amend the Code of Ethics.

(e) It shall have the power to approve all memorials, resolutions and opinions to be issued in the name of the Association.

(f) It shall have the power to conduct, in all other particulars, the affairs of the Association.

ction 4

Duties

It shall be the duty of the General Council:

(a) To elect the elective officers.

(b) To elect members of other councils.

(c) To receive and act upon reports of the Executive Council, other councils and committees.

(d) To adopt an annual budget.

(e) To hear and determine any matters under dispute within the Association.

(f) To receive and consider submitted resolutions from Divisions.

(g) To establish policy of the Association, such policy being declared as such by a majority vote of the General Council present at the meeting considering the same.

Section 5 General Council Sessions

(a) Annual Session

The General Council shall meet at least once annually at such time and place as may be determined by the Executive Council.

Section 6 Quorum

A majority of the voting members of the General Council shall constitute a quorum at all meetings of the General Council.

Section 7 Notice of Meetings

(a) Annual Session

The Executive Director shall cause to be published in the Journal of the Canadian Dental Association an official notice of the time and place of each annual session and shall send to each member of the General Council an official notice of the time and place of the annual session at least thirty days before the opening of each session.

(b) Privilege of the Floor

The privilege of the floor at annual sessions of the General Council shall be open to any member of the Association in good standing and otherwise at the discretion of the Chairman.

Section 8 Vacation of Office

The office of a member of the General Council shall ipso facto be vacated:

(a) if his name is removed from the register of dentists licensed to practice in a province of Canada.

(b) if by notice in writing to the Executive Director of the Association he resigns his office.

Section 9 Remuneration of Councilors

The General Council of the Association shall serve without remuneration and no member shall directly or indirectly receive any profit from his position as such; provided, however, that a member may be paid reasonable expenses incurred by him in the performance of special duties to the Association. Nothing herein contained shall be construed to preclude any member from serving the Association as an officer or official or in any other capacity and receiving compensation therefor.

CLE IX

OFFICERS AND OFFICIALS

ion 1

Elective Officers of the Association

The elective officers of the Association shall be the President and the President-elect. Only Ordinary members of the Association who are in good standing and are voting members of the General Council shall be eligible to serve as elective officers.

ion 2

Duties of the President

It shall be the duty of the President

(a) To preside at all meetings of the Executive Council in accordance with recognized parliamentary usage.

(b) To serve as an official representative of the Association in its contacts with government, civic, Business and professional organizations for the purpose of advancing the objects and policies of the Association.

(c) To serve as an ex officio member of all councils of the Association.

(d) To make a report at the annual meeting of the General Council.

(e) To make interim appointments in case of vacancies occurring in the Executive Council or in other councils.

(f) To appoint special committees when considered necessary.

(g) To call special sessions of the General Council and/or the Executive Council pursuant to these by-laws.

(h) to sign all official documents requiring his signature.

(i) To delegate his responsibilities for appropriate reason when he is unable to fulfill same.

(j) To perform such other duties as may be provided in these by-laws.

ection 3

Duties of the President-elect

It shall be the duty of the President-elect

(a) To assist the President as requested in the performance of his duties.

(b) To serve as Acting President in the event that the office of President becomes vacant.

(c) To act as chairman of the Nominations Council.

(d) To succeed to the office of President at the next annual meeting of the General Council following his election as President-elect.

Section 4

Appointive Officials of the Association

The appointive officials of the Association shall be the Executive Director, and the Editors. They shall be appointed by the Executive Council pursuant to Article XI, Section 8(b).

Section 5

Duties of the Executive Director

The duties of the Executive Director shall be:

- (a) To offer advice on all policy matters to the General Council, other Councils and Committees of the Association.
- (b) To direct that the policies of the General Council be implemented.
- (c) To draw on the resources of the Association in preparing advice to the General Council, other Councils and Committees of the Association.
- (d) To prepare and submit to the Executive Council estimates for carrying on the activities of the Association for each ensuing fiscal year.
- (e) To maintain liaison with other dental medical and health organizations and with the Government of Canada concerning matters of a professional dental nature.
- (f) To receive visitors and along with the President represent the Association on official occasions.
- (g) To keep the records, minutes and be custodian of books papers, documents and the seal of the Association.
- (h) To supervise the Director of Administration who shall be fully responsible for the management and administration of the headquarters.
- (i) To perform such other duties as may be designated by the Executive Council or these by-laws.

Section 6

Duties of the Editors

There shall be an Editor-in-Chief and an Associate Editor. The respective duties shall be

- (a) The Editor-in-Chief shall exercise full editorial control over the publication of the Journal of the Canadian Dental Association.
- (b) The Associate Editor shall be responsible for the French language content of the Journal of the Canadian Dental Association.

tion 7

Officers of the General Council

Chairman and Secretary

The officers of the General Council shall be the Chairman of the General Council and Secretary of the General Council. The Chairman shall be elected annually by the General Council and shall be an officer of the General Council without the right to vote. Only an Ordinary or Honorary member in good standing in the Association shall be eligible to serve as chairman. The Executive Director shall subject to these by-laws serve as Secretary of the General Council. In the absence of the Chairman of the General Council, the office shall be filled by the President. In the absence of the Secretary of the General Council, the Chairman of the General Council shall appoint a Secretary of the General Council pro tem.

tion 8

Duties of the Chairman of the General Council

(i) To preside at meetings of the General Council and perform such duties as custom and parliamentary usage require

(ii) To appoint a secretary pro tem in the absence of the Secretary of the General Council.

(iii) To appoint, with the consent of the General Council, special committees to perform duties not otherwise assigned by by-laws, which special committees shall serve until adjournment of the session at which they were appointed.

(iv) To appoint scrutineers to assist in determining the result of any action taken by vote of the General Council.

Decisions of the Chairman of the General Council shall be final unless an appeal from such decision shall be made by a member of the General Council, in which case, a final decision shall be by majority vote of the General Council.

The Chairman of the General Council shall hold no other elective office in the Association while he is serving as Chairman of the General Council.

tion 9

Duties of the Secretary of the General Council

It shall be the duty of the Secretary of the General Council:

(i) To serve as the recording officer of the General Council and the custodian of its records.

(ii) To cause a record of the proceedings of the General Council to be published as the official transactions of the General Council.

tion 10

Finance Committee

There shall be a Finance Committee composed of the President, the Past President and the President-elect, who shall be the Treasurer.

- 12 -

The duties of the Finance Committee shall be:

(a) To serve as custodian of all moneys, securities and deeds belonging to the Association.

(b) To present an annual report to the General Council summarizing the Auditors' Report for the preceding year and the budget that has been proposed for the next succeeding fiscal year.

(c) To perform such other duties as may be designated by the Executive Council or these by-laws.

Section 11 Remuneration and Tenure of Officers of the Association and of the General Council

The remuneration of all elective officers shall be determined from time to time by resolution of the General Council and the fact that any such officer is a member of the General Council shall not disqualify him from receiving such remuneration as may be so determined. The remuneration of all appointive officials of the Association shall be determined from time to time by resolution of the Executive Council and the fact that any such official is a member of the General Council shall not disqualify him from receiving such remuneration as may be so determined. All elective officers, subject to the provisions of these by-laws, and in the absence of agreement to the contrary, shall be subject to removal by resolution of the General Council at any time with cause. All appointive officials, subject to the provisions of these by-laws, and in the absence of agreement to the contrary, shall be subject to removal by resolution of the Executive Council at any time with cause. Officers of the General Council shall receive no remuneration for acting as such. All officers of the General Council shall be subject to removal by resolution of the General Council at any time with cause.

ARTICLE X

ELECTION OF OFFICERS

Section 1 The election of officers, chairman of the General Council and members of the Executive and other councils shall take place at the annual meeting of the General Council and shall be by vote of the members of the General Council.

Section 2 The President-elect shall succeed to the office of President without other election at the next annual meeting of the General Council following his election as President-elect.

Section 3 The report presented by the Nominations Council shall be received in advance of the annual meeting by the General Council and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

ion 4 Any group of ten members of the General Council shall be entitled to nominate candidates for any office by submitting a nomination in writing to the Executive Director 24 hours prior to the election signed by each of the ten nominators and the ballots in each instance shall carry the name of each properly nominated candidate.

ion 5 The President-elect, other members of the Executive Council, chairman of the General Council and members of other councils shall be elected by separate ballot.

tion 6 Nominations for a member of the Nominations Council for a term of two (2) years shall be made from the floor by a member or members of the General Council.

tion 7 All elections shall be by ballot and a majority of the votes shall be necessary to elect. In case no candidate receives a majority of the votes cast on the first ballot, the one receiving the least number of votes shall be dropped and a new ballot shall be taken. This procedure shall be continued until a candidate receives a majority of all votes cast, when he shall be declared elected.

tion 8 Except as otherwise provided in these by-laws, the elected officers, the members of the Executive and other councils shall assume and continue to hold office from the termination of one annual meeting and convention to the termination of the next following annual meeting and convention.

ARTICLE XI EXECUTIVE COUNCIL

tion 1 There shall be an Executive Council of the Association.

tion 2 Composition

The Executive Council shall consist of the President, immediate Past President, President-elect, and one member from each of the provinces. The President-elect and the members from each of the provinces shall be elected by the General Council from its membership except that student members shall not be eligible for election to the Executive Council. The place of residence at the date of the annual meeting shall determine the province from which a candidate is deemed to have been drawn.

ion 3 Qualifications

A member of the Executive Council must be a member of the General Council. Should the status of any member of the

Executive Council change in regard to the preceding qualifications during his term of office, that office shall be declared vacant by the President and such vacancy shall be filled as provided in Section 6 of this Article.

Section 4 Term of Office

The term of office of a member of the Executive Council shall be two years. The consecutive tenure of a member of the Executive Council shall be limited to three (3) terms of two (2) years each.

Section 5 Election

Members of the Executive Council shall be elected during the annual meeting of the General Council pursuant to Article X.

Section 6 Vacancy

In the event of a vacancy in the membership of the Executive Council, the President shall appoint a member of the General Council to fill the unexpired term created by such vacancy. Such member shall be drawn from the province represented by the member whose place has become vacant.

Section 7 Powers

(a) The Executive Council shall conduct all business of the Association when the General Council is not in session, subject to the Letters Patent, by-laws of the Association and the mandates of the General Council.

(b) The Executive Council shall have power to establish administrative rules and regulations not inconsistent with these by-laws.

(c) The Executive Council shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or in part, except the editorials written or approved by the Editors.

(d) The Executive Council shall have power to establish ad interim policies when the General Council is not in session and where such policies in the discretion of the Executive Council are essential to the management of the Association, provided however that such policies must be reported to the members of the General Council within fourteen (14) days of establishment thereof and presented by the Executive Council for review at the next following session of the General Council.

(e) The Executive Council shall have the right to elect Honorary members.

ction 8

Duties

It shall be the duty of the Executive Council

(a) To supervise the maintenance of headquarters property owned or operated by the Association.

(b) To appoint the appointive officials of the Association pursuant to Article IX, Section 4.

(c) To determine the date and place for convening each annual meeting of the Association.

(d) To control all clinics and exhibits in line with policies established by the General Council.

(e) To cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.

(f) To ensure all accounts of the Association are audited by a certified public accountant at least once a year.

(g) On the basis of estimates submitted by the Executive Director, to prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.

(h) To review reports prepared for presentation and make recommendations concerning such reports to the General Council.

(i) To submit an annual report of Executive Council activities to the General Council and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the General Council.

(j) To appoint chairmen of councils annually excluding Executive and Nominations Councils from among membership of the respective councils as elected by the General Council.

(k) To perform such other duties as are prescribed in these by-laws.

(l) To admit supporting members pursuant to Article V, Sections 4 and 5.

(m) To give direction to the bureaux of the Association as described in Article XVI, Section 3.

Section 9 Sessions

(a) Regular Session

The Executive Council shall hold at least three regular sessions in each year.

(b) Special Session

Special sessions of the Executive Council may be called at any time by the President. The President shall call a special session on request of a majority of Executive Council members. At least ten days' notice must be given to each member of the Executive Council in advance of such special session. The business of a special session shall be limited to that stated in the notice calling such session except by the unanimous consent of the members present and voting at such session.

Section 10 Quorum

Five of the voting members of the Executive Council shall constitute a quorum.

ARTICLE XII

MEETINGS OF VOTING MEMBERS

Section 1 Annual Meeting

Subject to the provisions of the Canada Corporations Act, the annual meeting of the voting members shall be held at the head office of the Association or elsewhere within Canada on such day in each year as the Executive Council may by resolution determine.

Section 2 Voting Members

The voting members shall be the members of the Executive Council.

Section 3 Special Meetings

Other meetings of the voting members, whether special or general, may be convened by the President or the President-elect or by the General Council at any time or any place.

Section 4 Notice

A printed, written or typewritten notice, stating the day, hour and place of meeting and the general nature of the business to be transacted shall be served, either personally or by sending such notice to each voting member entitled to notice of such meeting, and to the auditor of the Association through the post in a prepaid wrapper or a letter at least ten (10) days (exclusive of the day of

mailing but inclusive of the day for such notice is given) before the date of every meeting directed to such address of each voting member entitled to notice as appears on the books of the Association; provided always that a meeting of voting members may be held for any purpose at any time and at any place without notice if all the voting members entitled to notice of such meeting are represented or if all the non-represented voting members entitled to notice shall have signified their assent in writing or by cable or telegram, addressed to the Executive Director, to such meeting being held. Notice of any meeting or any irregularity in any meeting or any notice thereof may be waived by any voting member or by the auditor of the Association.

tion 5 Omission of Notice

The accidental omission to give notice of any meeting or the non-receipt of any notice by any voting member or members shall not invalidate any resolution passed or any proceedings taken at any meeting of voting members.

tion 6 Votes

Unless a greater majority is required by the provisions of the Canada Corporations Act, every question submitted to any meeting of voting members shall be decided by a majority of votes.

tion 7 Chairman of Meetings

The Chairman of the General Council, or in his absence the President, or in his absence the President-elect shall be the Chairman of a meeting of voting members.

tion 8 Quorum

For purposes of establishing the annual fees from the members (Article XVIII), a majority of the members of the Executive Council shall be necessary to constitute a quorum. For all other purposes one-third of the members of the General Council shall be necessary to constitute a quorum.

ICLE XIII

AUDITORS

The members of the Executive Council acting as voting members shall at each annual meeting of voting members appoint an auditor to audit the accounts of the Association and to hold office until the next annual meeting, provided that the Executive Council may fill any casual vacancies in the office of auditor. The remuneration of the auditor shall be fixed by the Executive Council.

ARTICLE XIV

COUNCILS AND COMMITTEES

Section 1

Councils and Committees

(a) Councils

The councils of the Association shall be

Constitution and By-laws
Education
Ethics
Health Care
Hospital Services
Information Services
Insurance and Investment
Legislation
Nominations
Research

(b) Committees

Special and reference committees as may be established by the General Council and/or the Executive Council.

Nomination and Election

Section 2

(a) Nominees for membership on councils shall be placed in nomination at the annual meeting of the General Council pursuant to Article XIV section 4(k) of these by-laws.

(b) All council members shall be elected by the General Council at the annual meeting pursuant to Article X, Section 6 of these by-laws.

(c) The Council on Nominations shall be nominated and elected by the General Council at the annual meeting pursuant to Article XIV, Section 4(k) and Article X, Section 5 of these by-laws.

Section 3

General Rules

(a) The term of office of council members other than members of the Executive Council shall be two years and may be renewed twice.

(b) Except as otherwise provided in these by-laws, the tenure of office shall be limited to two terms of three years each except that an appointment to fill the unexpired portion of a vacancy shall not be considered as a term of office under these rules.

(c) The chairman of each council shall present a report of the council's activities to the annual meeting of the General Council and at such other times as requested by the Executive Council.

(d) The chairman of each council on request of the Executive Council shall provide the Executive Director with a proposed budget for the succeeding fiscal year.

(e) Any activities contemplated which are not covered by the stated duties must be sanctioned by the General Council or the Executive Council before action is taken thereon.

(f) When a new chairman of a council is designated, the former chairman shall turn over to the Executive Director any funds on hand, together with pertinent subject matter.

(g) A majority of the members of a council shall constitute a quorum thereof.

(h) The Board of Governors may alter the rules or terms of reference at any time pursuant to Article XXIII of these by-laws.

on 4 Terms of Reference for Councils

(a) Council on Constitution and By-laws

The Constitution and By-laws Council shall consist of four members.

It shall be the duty of the Constitution and By-laws Council:

(i) To review the By-laws, Letters Patent and any Supplementary Letters Patent from time to time in order to keep them consistent with the Association's program.

(ii) To recommend amendments to the By-laws when considered necessary.

(iii) To draft or review with comment the text of all proposed amendments to the By-laws, Letters Patent and any Supplementary Letters Patent prior to their submission to the General Council pursuant to Article XXIII, Section 1.

(b) Council on Education

The Council on Education shall consist of ten members including one student member. Nominees for council membership will be drawn by the Nominations Council from a resource pool to include the recommendations of the Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada and the Royal College of Dentists of Canada, a provincial registrar and the membership-at-large. In electing the membership of the Council on Education, the General Council will assure that at least four members are active members of faculty of Canadian dental schools, that at least three members have no direct affiliation with a dental school, that the Association of Canadian Faculties of Dentistry and the National Dental Examining Board of Canada are assured at least two members each from among their submitted recommendations and that the Royal College of Dentists of Canada is assured at least one member from among its submitted recommendations, and that one of the members is a provincial registrar.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Canadian Dental Hygienists' Association, and the Canadian Dental Students' Conference have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Council on Education shall have power to adopt such regulations for the government of its actions and to appoint committees and subcommittees as it shall deem expedient.

The Council on Education shall have authority to appoint consultants or advisers and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council on Education

(i) To give study to all matters relating to dental education.

(ii) To develop policies and make recommendations of the same to the General Council in respect of matters relating to dental education.

(iii) To evaluate the various forms of dental education and to recommend revisions when necessary.

(iv) To accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the General Council.

(v) To approve dental internships and residencies in accordance with requirements and standards approved by General Council.

(vi) To establish and maintain a recruitment program for students in dentistry and dental hygiene.

(vii) To develop policies and make recommendations of the same to the General Council in respect of matters relating to specialization in dentistry.

(viii) To assist provincial licensing bodies, when requested.

(ix) To develop and encourage a student member program for the Association.

(c) Council on Ethics

The Ethics Council shall consist of five members.

It shall be the duty of the Ethics Council:

(i) To study all matters relating to the ethical standing of the profession.

(ii) To recommend statements of ethical standards that are in the best interests of all concerned.

(iii) To work with the provincial licensing bodies for the establishment of ethical standards which are acceptable to the profession.

(iv) To promote ethical principles in the profession.

(d) Council on Health Care

The Council on Health Care shall consist of one voting member from each province and one non-voting representative each from the Canadian Dental Hygienists' Association and the Canadian Dental Nurses' and Assistants' Association, and a chairman. The Canadian Dental Association shall have no financial responsibility for the non-voting representatives.

In order to ensure future continuity of policies and actions, the initial terms (normally two years) shall be two years for the first three names drawn from a pool of those elected by the General Council to this Council, four years for the next three names drawn, and six years for the remaining four names. In each case, no member shall be eligible for more than three terms consecutively.

It shall be the duty of the Council on Health Care:

(i) To study and evaluate methods of preventing dental disease and abnormalities and encourage the profession and the public to apply proven preventive measures.

(ii) To study dental health care delivery systems including public health programs and recommend related guidelines for improving the dental health of the people of Canada.

(iii) To study and report on the economics of the various methods of delivering dental health care.

(iv) To study the need for and development of auxiliary dental personnel and recommend appropriate guidelines for their duties and utilization in Canada. Committees established within the Council shall have continuing responsibility for study in connection with the various auxiliary groups.

(v) To develop and identify resource documents relating to the above duties that can be made available to the corporate members, on request.

(vi) To cause a Canadian dental health index to be established and maintained.

(e) Council on Hospital Services

The Hospital Services Council shall consist of five members.

It shall be the duty of the Hospital Services Council:

(i) To initiate and assist in maintaining a high standard of dental services in Canadian hospitals.

(ii) To encourage hospitals to obtain approval by the Association of their dental services which meet the basic standards or requirements established by the Board of Governors.

(iii) To examine dental services in hospitals and to issue, in the name of the Association, certificates of approval to those institutions having dental services which meet the basic standards or requirements established by the General Council.

(f) Council on Information Services

The Council on Information Services shall consist of five members.

It shall be the duty of the Council on Information Services:

(i) To develop guidelines for methods and programs to disseminate educational material to the public.

(ii) To develop guidelines for methods and programs to communicate effectively with members of the Association.

(iii) To develop guidelines for the management of the JOURNAL and its advertising content.

(g) Council on Insurance and Investment

The Insurance and Investment Council shall consist of five members: one from each Division of the Association. Candidates shall be nominated by the Divisions and shall be appointed by the Executive Council. Members shall be eligible for three terms of two years each.

It shall be the duty of the Insurance and Investment Council:

(i) To choose the kinds of insurance and terms of coverage which are desirable for the membership to carry and which can be advantageously purveyed to the membership on a group basis.

- 23 -

(ii) To survey the insurance market to determine the costs, terms and conditions of available coverage.

(iii) To negotiate the costs, terms and conditions of contracts with the chosen carriers.

(iv) To finalize contracts with carriers only after the concurrence and authorization of the General Council and in situations considered to be urgent where delay would prove detrimental to members participating in CDA insurance plans, to assume responsibility for finalization of such contracts subject to the approval of the General Council at their next meeting.

(v) To periodically review the insurance contracts in order to determine the suitability of contracts, the possibility of improved terms and of more economic terms and to assess the proposals of competing carriers.

(vi) To determine the time and manner of distribution of surplus of reserves over claims to the members participating in the particular contract and to act as the Board of Trustees for all funds accrued by retention agreement.

(vii) To advise on and review Association sponsored pension and retirement savings plans, to negotiate the costs, terms and conditions and investment policies of all contracts respecting such plans, and to finalize contracts only after the concurrence and authorization of the General Council and in situations considered to be urgent, where delay would prove detrimental to members participating in Association pension and retirement savings plans, to assume responsibility in agreement with the Executive Council for finalization of such contracts, subject to the approval of the General Council at their next meeting.

(viii) To recommend a premium collection agency and negotiate the terms of contract for premium collection.

(ix) To receive an annual report from the premium collection agency and to review the premium collection function of the agency to determine its efficiency and economy.

(x) To report annually all actions to the General Council for approval.

(h) Council on Legislation

The Legislation Council shall consist of three members.

The Legislation Council shall have the power to add the provincial registrars as advisory members.

It shall be the duty of the Legislation Council:

(i) To protect and further the interest of the public and the dental profession in all matters of federal legislation and/or regulations.

(ii) To oppose or endeavour to modify any proposed or existing federal legislation or practices and on invitation of provincial associations, provincial legislation or practices which are in conflict with existing policies of the Association.

(iii) To study existing or proposed legislation relating to dentistry, directly or indirectly, and make the results of such studies available for the use of other councils.

(iv) To include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.

(i) Council on Nominations

The Nominations Council shall consist of three members elected by the General Council at its annual meeting pursuant to Article X, Section 5 of these by-laws, together with the President-elect who shall be chairman. The membership should be geographically representative of the Association and should include one or more past presidents.

It shall be the duty of the Nominations Council:

(i) To prepare a list of all elective offices to be filed, excluding those for the Nominations Council, and submit this list ninety days before the next annual session to members of the General Council, council chairmen, and presidents and secretaries of Sections.

(ii) To invite, and receive in writing proposals for nomination to each of the above elective offices. Proposals may be made by members of the General Council, council chairmen, presidents or secretaries of Sections.

(iii) To invite and receive in writing nominations to each of the above elective offices, such nominations to be signed by ten or more members of the General Council.

(iv) To rule on the eligibility of nominees.

(v) To make nominations as the council sees fit and to ensure that there is at least one eligible nominee for each vacancy. The Nominations Council shall not make nominations to its own membership as provided in Article X Section 5 of these by-laws.

(vi) To submit an annual report, listing alphabetically all eligible nominees for each open elective office. The annual report is to be included with other council reports for advance distribution prior to the annual meeting.

(j) Council on Research

The Research Council shall consist of ten members. They shall represent geographically the provinces insofar as this is feasible.

It shall be the duty of the Research Council:

- (i) To procure funds for the support of research in dentistry.
- (ii) To disseminate scientific knowledge.
- (iii) To support, establish and encourage research.
- (iv) To develop research personnel.

5 Special Committees

Special committees of the Association may be created at any session of the General Council or, when the General Council is not in session, by the Executive Council, for the purpose of performing duties not otherwise assigned by these by-laws.

6 Reference Committees

The Reference Committees to serve at the annual meeting shall consist of five individual members of the Association, at least one of whom shall be a member of the General Council and who shall act as chairman of the committee. Members of Reference Committees shall be appointed by the President or the Executive Council at least sixty days in advance of each annual session.

It shall be the duty of each Reference Committee to consider reports referred to it, to conduct hearings open to all members of the Association and to report its recommendations to the General Council.

XV SECTIONS

Sections of the Association shall be the national organizations of the specialties recognized by the Association and which have applied for and have been admitted to Section status by the General Council.

1 Sections

The Sections of this Association are:

- Section on Endodontics
- Section on Oral Surgery
- Section on Orthodontics
- Section on Paedodontics
- Section on Periodontics
- Section on Public Health Dentistry

Section 2

Terms of Reference

(a) All by-laws and regulations of a Section applicant must accompany the application for Section status for approval by the Board of Governors. Such by-laws and regulations will be available at the Board meeting at which the matter is discussed but will not be distributed in the agenda books or printed in the Transactions.

(b) All amendments to the by-laws or regulations of the Sections shall be forwarded forthwith to the Constitution and By-laws Council for review. Any conflict with the Constitution and By-laws or regulations of the Association shall be resolved by mutual consent in consultation with the respective Sections. Failure on the part of such Section to amend its by-laws or regulations to conform with those of the Association may result in loss of Section status.

(c) The constitution and by-laws submitted with applications for section status and all proposed amendments to sections' constitution and by-laws are to be submitted to the CDA Council on Constitution and By-laws no later than four (4) months preceding the annual meeting of the Board of Governors at which action is to be taken.

(d) Membership in a Section shall be determined by the members of that Section except that membership shall be limited to Ordinary members and Honorary members of the Association.

(e) A Section shall elect from its members a chairman, vice-chairman, secretary and other officers as may be required by the by-laws or regulations of such Section.

(f) A Section shall be financially self-supporting.

(g) The chairman of each Section, or his official representative, shall report annually to the General Council.

Section 3

Functions

It shall be the functions of Sections:

(a) To supplement and cooperate with the activities of the Association.

(b) To act in an advisory capacity to the Association on matters relating to the Sections.

(c) To encourage better service for the public in practice, teaching and research in the specialized branch of dentistry.

(d) To assist the Association in the development of programs for the annual conventions.

(e) To assist in the dissemination of scientific knowledge through contributions of its members to scientific programs and journals.

ARTICLE XVI

BUREAUX

Section 1

Bureaux

The bureaux of the Association shall be:

Bureau of Economic Research
Bureau of Public Information

Section 2

Director

Each bureau shall have a director appointed by the Executive Council.

Section 3

Duties

It shall be the duty of the Bureau of Economic Research to collect, compile, develop, analyse and disseminate data and statistics that concern the dental profession.

It shall be the duty of the Bureau of Public Information to:

(a) develop and maintain a public relations program for the Association, including the dissemination of information and publicity covering activities of the Association;

(b) develop and maintain a program of dental health education for the Association and to assist corporate members and other agencies in the development of effective programs of dental health education;

(c) develop and maintain a film library and a program of audiovisual services for the Association;

(d) foster the use and production of audiovisual materials of interest to the dental profession.

The duties of each bureau shall be assigned by the Executive Council through the Executive Director.

Section 4

Director of Communications

A Director of Communications may be appointed by the Executive Council. It shall be the duty of the Director of Communications, subject to the directives of the Board of Governors and the Executive Council, to co-ordinate and be responsible for public and professional communications.

- 28 -

ICLE XVII

LIST OF INDIVIDUAL MEMBERS

A list setting forth in alphabetical order the names and addresses of all members by category shall be submitted annually, on or before December 1st in each year. Forthwith upon the admission of any member to membership in the Association, a membership card shall be forwarded to each member.

ARTICLE XVIII

REVENUE

Section 1

The revenue of the Association shall be derived chiefly from membership fees; the amount of said fees shall be determined by the General Council. In the case of Divisional members, the fee shall be nominal, shall be intended for the support of the Bureau of Economic Research, and shall be set after consultation with the Divisional members.

ARTICLE XIX

ETHICS

Section 1

It shall be unethical for a dentist in the pursuit of his profession to do anything with regard to it which would be reasonably regarded as disgraceful or dishonourable by his professional colleagues.

Section 2

Membership shall imply acceptance of the Code of Ethics of the Association.

ARTICLE XX

EXECUTION OF DOCUMENTS

Contracts, documents or instruments in writing requiring the signature of the Association may be signed by the President and the Executive Director or by any two of the President, the Executive Director and the voting members of the Executive Council and all contracts, documents and instruments in writing shall be binding upon the Association without any further authorization or formality. The Executive Council shall have the power from time to time by resolution to appoint any person or persons on behalf of the Association either to sign contracts, documents or instruments in writing generally or to sign specific contracts, documents or instruments in writing.

ARTICLE XXI

RULES

The rules contained in Sturgis, New Edition, shall govern the Association, the General Council and the Executive Council in all cases to which they are applicable, and when not inconsistent with these by-laws.

ARTICLE XXII

SCIENTIFIC SESSION

Section 1

Annual scientific sessions of the Association shall be established to foster the presentation and discussion of subjects pertaining to the improvement of the dental health of the public and the science and art of dentistry.

Section 2

The time and place of the annual scientific session of the Association shall be determined by the Executive Council.

Section 3

The Executive Council shall provide for the management of, and make all arrangements for each scientific session, including the establishment and collection of registration fees.

ARTICLE XXIII

AMENDMENT OF BY-LAWS

Section 1

These by-laws may be amended or repealed by the General Council in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association and published in the Journal at least three months prior to the meeting of the General Council at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the General Council and to the chairman of the Constitution and By-laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the General Council. No enactment, repeal or amendment of the by-laws of the Association shall be enforced or acted upon until the approval of the Minister of Consumer and Corporate Affairs has been obtained.

Section 2

The notice of any proposed amendment required by Section 1 hereof may be dispensed with by unanimous vote of the members of the General Council present at any meeting. Any such amendment shall require for adoption the unanimous vote of the members of the General Council present at any such meeting.

ARTICLE XXIV

SUBMITTED RESOLUTIONS

In order to receive the attention of the General Council at annual sessions, "submitted resolutions" so labelled must be submitted by Divisions at least thirty days prior to the Board Session at which the resolution is to be considered.

ARTICLE XXV

BORROWING POWERS

The General Council may from time to time:

- (a) Borrow money upon the credit of the Association.
- (b) Issue, sell or pledge for such sums and such prices as may be deemed expedient, securities of the Association.
- (c) Charge, mortgage, hypothecate or pledge all or any of the real or personal property of the Association, including book debts, rights, powers, franchises and undertakings currently owned or subsequently acquired and to secure generally any other

- 30 -

obligation or liability of the Association.

From time to time, the General Council may authorize any member of the General Council, officer or employee of the Association or any other persons to make arrangements with reference to the monies borrowed or to be borrowed as aforesaid and as to the terms and conditions of the loans thereof, and as to the securities to be given therefor, with power to vary or modify such arrangements, terms and conditions and to give such additional securities for any monies borrowed or remaining due by the Association as the General Council may authorize, and generally to manage, transact and settle the borrowing of money by the Association.

COST ESTIMATES

OTTAWA BUILDING PROJECT - (OCTOBER, 1973)

Items already paid for:

Land	\$ 77,679
Architect fees	25,468
Legal fees	5,000
Soil tests & surveys	2,035
New building brochure	<u>15,094</u>
	\$ <u>125,276</u>

Estimated costs of items to be financed:

Building (including landscaping)	
Architect's original estimate	850,000
Architect's estimate of additional costs (10%)	85,000
Architect fees (revised estimate \$60,000 less \$25,000 already paid)	35,000
Cost of sewers	15,000
Furniture & fixtures	69,000
Moving - office & staff	<u>10,000</u>
	<u>\$1,064,000</u>

To be financed by:

Sale of property - 234 St. George Street	225,000 (1)
Withdrawal from reserve funds	75,000
Borrowed funds	<u>764,000 (2)</u>
	<u>\$1,064,000</u>

- (1) Latest real estate estimate brings this figure up to \$300,000 - \$350,000
- (2) Approximately \$300,000 of this amount can be borrowed from CFDE's Capital Fund.

EFFECT OF OTTAWA BUILDING ON CDA'S BUDGET

Estimated additional costs:

Additional operating costs (taxes, heating, maintenance, etc.)	\$ 40,000
Loss of income on \$75,000 from Reserve Account (@ 6%)	4,500
Annual interest payment (\$264,000 @ 10%)	26,400
Annual payment on \$500,000 mortgage - principal and interest (30 year term) @ 10%	<u>51,762</u>
	\$ <u>122,662</u>

Estimated cost reductions:

Annual grant to CFDE (budgeted for 1974)	12,000
Rental space - 4,500 sq. ft. @ \$9.00	40,500 (1)
Economies in operation due to improved facilities	10,000
Funding by CFDE of present CDA educational and Research projects	<u>15,000</u>
	\$ <u>77,500</u>

ESTIMATED ADDITIONAL ANNUAL OPERATING COST FOR OTTAWA: \$ 45,162

- (1) It may be possible to increase the available rental space to about 6,000 sq. feet.

EXECUTIVE

SUMMARY OF REFERENCE COMMITTEE DISCUSSIONS ON TASK FORCE REPORT

(see page 41 of Executive Council report)

*The Reference Committee** heard views on the basic principles, implementation and the model by-laws contained in the Report.*

The discussions indicated the impracticability of considering by-law details before the Board had agreed to the basic principles on which the by-law revisions are to be based.

A summary of the observations made in respect of the more basic principles of the Task Force Report are as follows:

- 1. Need for a strong unified national voice:
There was general agreement of this principle. Some thought CDA should be able to speak independently of provincial associations. Others strongly disagreed.*
- 2. Individual voluntary member base versus a provincial member base:
Both sides of this issue were voiced. The secret of success in either case appeared to be a close working liaison between the national and provincial associations. The merits of each proposal were discussed.*
- 3. CDA concerns are the dental profession and the public:
One group thought the emphasis should be on dentistry, that is, the public. Others thought a professional association should serve its members and through them the public.*
- 4. Structure of the proposed General Council and the Executive Council:
Several alternative suggestions were made for the composition and method of selecting the personnel to these two bodies. As these are details to be worked out after the basic principles are established, they are not elaborated here.*

***On motion from the floor:*

RESOLVED

that the rules be suspended in order to replace the word "Board" with the words "Reference Committee" in all recommendations of the Reference Committee and that the report be accepted as information.

EXECUTIVE

The suggestions made included specific recommendations from the Armed Forces and from the Order of Dentists of Quebec.

*The Report makes no provision for funding the attendance of members of the proposed General Council at its meetings. It is believed that this condition may well result in irregular Council attendance by elected members. Furthermore, the proposed General Council is envisaged as meeting only once a year and as having a probable membership of not less than 50 people. All these circumstances, when viewed realistically, make the role and responsibilities of the proposed Executive Council extremely important in Association affairs. These same circumstances cause the Reference Committee** to observe that when the composition of the proposed Executive Council is being discussed, considerable attention should be paid to the principle of proportional representation.*

5. National standards and accreditation:

Although there was a variety of thoughts as to what body should be responsible for policy and how an accreditation program should be funded, there was general agreement that national standards and a national accreditation program was most desirable.

6. Interpretation of Task Force Survey:

There was some disagreement with the Task Force's interpretation of the survey data.

7. Professional Council:

*The observations contained in the submission of the Order of Dentists of Quebec on the Task Force Report merit serious consideration in the deliberations of the Board. This Reference Committee** feels that submissions by other corporate bodies as soon as possible would be most desirable.*

8. Finance Committee:

There was agreement to the concept of the Finance Committee and two main contested issues were membership and function. These details can be considered at a later date.

9. Library:

The principle of reducing the Library facility was strongly supported.

10. Timing:

It was thought there has been an unrealistic time frame established for the study and discussion of the Report before any possible implementation. It was suggested that all corporate members should be given an opportunity to comment in writing on the Task Force Report and the proposed by-laws, and that if possible a new draft of the by-laws which would take into consideration the expressed views and those of the corporate members, along with the Canadian Armed Forces, should be made available before final decisions are made.

EXECUTIVE

11. Board of Governors:

The Task Force did not appear to have addressed itself to the operation of the Board of Governors as it is presently constituted.

*Having listened to the discussions and giving further consideration to the importance of the Board's actions on the future of dentistry in Canada, the Reference Committee** agrees with the principle of voluntary membership in the CDA and it is suggested that three basic issues for Board decision are:*

- 1. whether the CDA should be an autonomous body with the right to represent its members nationally;*
- 2. whether the CDA structure should be fundamentally based on individual voluntary membership rather than a provincial corporate membership as it is at present, and*
- 3. whether the provincial bodies should be involved in the policy-making for the national dental body.*

Once these principles are established, appropriate by-laws can be defined.

*The Reference Committee** comments as follows on the Task Force's summary of recommendations:*

- 1. The Reference Committee** disagrees with recommendation #1.*
- 2. The Reference Committee** does not agree with recommendation #2 and comments on this resolution under paragraph 72 of the Executive Council Report.*
- 3. The Reference Committee** recommends that the Association take steps immediately to reduce its level of expenditures by making certain programs self-supporting and by eliminating or curtailing low priority programs.*
- 4. The Reference Committee** agrees with recommendation #4.*
- 5. The Reference Committee** agrees with recommendation #5.*
- 6. The Reference Committee** agrees in principle with recommendation #6 but notes the details will have to be contingent on the type of membership finally approved.*
- 7. The Reference Committee** agrees with recommendation #7.*
- 8. (a) The Reference Committee** agrees that the Executive Director be responsible for offering advice on all policy matters to the General Council, other Councils and Committees of the Association.*

EXECUTIVE

(b) The Reference Committee** agrees that the Executive Director respond to the direction of the Executive Council in implementing policies set by the General Council.

(c) The Reference Committee** agrees that the Executive Director draw on the resources of the Association in preparing advice to the General Council, other Councils and Committees of the Association.

(d) The Reference Committee** agrees that the Executive Director be responsible for maintaining liaison with other dental, medical and health organizations and with the Government of Canada concerning matters of a professional dental nature.

(e) The Reference Committee** agrees that the Executive Director be responsible for receiving visitors and, along with the President, representing the Association on official occasions.

(f) The Task Force elaborated upon and redefined the role of the Executive Director. However, in view of the present financial limitations of the CDA, the Reference Committee** recommends that the Executive Director focus his attention on headquarters' operations. The President should assume greater responsibility as chief executive officer of the Association.

9. No comment on recommendation #9 as the headquarters building project is discussed in the report of the Executive Council.

HEALTH CARE

MEMBERS: R.G. Dickson, Drumheller (chairman); D.E. MacFarlane, Vancouver; P.J. Kirby, Edmonton; J.W. Mackay, Saskatoon; S. Norquay, Winnipeg; J.A. Alexander, Ottawa; S. Silver, Montreal; J.T. Dowd, Moncton; D.A. Eisner, Halifax; J.R. Robertson, Summerside; C.P. Daly, St. John's.

R E P O R T

MEETINGS

1. The Council on Health Care met at CDA headquarters on March 4, 5, and 6, 1974 with all members present. In addition, Miss M. Weich, CDHA representative, and Miss E. Purchase, CDN&AA representative, were present on a standing invitation as non-voting members.
2. In attendance by special invitation were Mrs. B.M. Johnson, CDHA liaison officer; Dr. T.L. Marsh, Consultant in Dentistry, Department of National Health and Welfare; Dr. Beverly DuGas, Chairman of the National Dental Manpower Committee and Director of Health Manpower Planning, Department of National Health and Welfare; and Dr. Ron Kellen, Chairman of the ODA Insurance Advisory sub-committee who had assumed responsibility from Dr. D.L. Rife, former chairman of the Council's ad hoc committee on liaison with Canadian Association of Accident & Sickness Insurers (for preparation of the standard claims form).

COUNCIL STRUCTURE

3. In order to permit the Council to operate in a flexible and ongoing manner, a resolution was approved setting up the following sub-committees and appointing the chairmen indicated:

Public Health:	Dr. J.R. Robertson (2 year term)
Auxiliary Services:	Dr. D.E. MacFarlane (2 year term)
Dental Services:	Dr. J.W. Mackay (2 year term)
Ad hoc committee on Group Practice:	Dr. J.T. Dowd
Ad hoc committee on Dental Records:	Dr. D.A. Eisner
Ad hoc committee on Nomenclature:	Dr. J.A. Alexander

4. Council chairman was authorized to establish additional ad hoc committees between meetings if considered necessary. (see paras. 30-31 of this report)

UNIFORM SYSTEM OF CODING AND LIST OF SERVICES (1973T110-111)

5. Council authorized the chairman to make refinements in the Uniform System of Coding and List of Services as deemed by him to be necessary from time to time which would make the Code applicable to the requirements in the individual provinces. Since the meeting, some minor changes have been made to assist provincial committees in the utilization of the List of Services and Code.

HEALTH CARE

STANDARD CLAIMS FORM (1973T111-112)

6. The ad hoc Canadian Association of Accident and Sickness Insurers Liaison Committee, under the chairmanship of Dr. Ron Kellen, presented the Council with its final suggestions for the Standard Claims Form and relative documentation. This material was recommended to and approved by the Executive Council for use by the provincial associations. (see Executive Council report, para. 9)
7. The Council, by resolution, disbanded this ad hoc committee and expressed to Drs. Rife and Kellen sincere appreciation for their lengthy and effective work on the committee.

PROVINCIAL SUMMARIES

8. Members of the Council provided for discussion provincial summaries on welfare plans, childrens' dental plans, dental care plans for the handicapped, dental care plans for the aged, other dental plans, fee guides, rural incentives, Dental Health Week, and auxiliaries. It is the intention of the Council on Health Care to maintain this comparative summary on an annual basis.

The Board of Governors recommends that the Council on Health Care send copies of their provincial summaries on welfare plans, children's dental plans, dental care plans for the handicapped, dental care plans for the aged, other dental plans, fee guides, rural incentives, Dental Health Week, and auxiliaries to the Executive Directors of every corporate body.

DENTAL HEALTH PROMOTION

9. Council made two recommendations to the Council on Information Services: (1) that an attempt be made to have preventive dentistry messages included in the Department of National Health and Welfare mailing (such as family allowance cheques), and (2) that an information pamphlet advocating the wearing of protective devices to the teeth and associated structures during contact sports be developed.

PROVINCIAL HIGHLIGHTS

10. These reports, in concise written and verbal form, provide an opportunity for the members to receive and exchange information on current activity in their respective provinces. Copies were provided to the Board through circulation of the Council's minutes.

CANADIAN DENTAL HYGIENISTS ASSOCIATION

11. The report submitted by Miss Weich was studied with interest and appreciation.

HEALTH CARE

CANADIAN DENTAL NURSES AND ASSISTANTS ASSOCIATION

12. Miss Purchase, in her report, provided a great deal of useful information for the Council and her Association's requests for assistance in several areas were referred to the appropriate bodies.

CONFERENCE ON DENTAL AUXILIARIES, BANFF, JANUARY 23-25, 1974

13. Council complimented the organizing committee for the Conference on Dental Auxiliaries, expressing their appreciation to Dr. E.F. Allison (chairman), Dr. D.E. MacFarlane and Miss M. Weich on the extremely fine manner in which they had completed their task. The Conference report is available on request from the Council secretariat.
14. The ultimate objective of the Conference was to establish guidelines regarding education, regulations and practice of dental auxiliaries. Although excellent dialogue was provided, no specific recommendations had been made and the Council therefore requested its Committee on Dental Auxiliaries to study the Conference report, the recommendations of the professional organizers for follow-up activities and other suggestions which have come to the Committee's attention. The Committee were asked to design their own set of proposals, identifying priorities, scheduling, methods and costs, for the next stage of CDA activity in this regard. A further report will be made to the Board following this study.

DEFINITION OF EFFECTIVE SUPERVISION

15. The Board's approved statement (1973T51) on effective supervision contained ambiguities in the opinion of the Council. In addition, the Conference on Dental Auxiliaries and other situations indicated a need for certain flexibilities in interpretation and the Council therefore recommended to the Executive Council that the CDA statement be revised to make provision for practical flexibility that is in the public interest. (see Executive Council report, para. 37)

PUBLIC HEALTH COMMITTEE REPORT

16. The terms of reference of this committee are: (1) to study and evaluate methods of preventing dental disease and abnormalities and encourage the profession and the public to apply proven preventive measures; (2) to cause a Canadian dental health index to be established and maintained. Council were interested in Dr. Robertson's preliminary report and his committee were asked to further clarify their goals and how to achieve them. (*see comment after 17*)
17. Some discussion evolved around the establishing of a dental health index. Dr. Marsh said that it would be desirable if interest could be stimulated in the development of high quality research projects designed to produce improved methods and techniques for assessing

HEALTH CARE

the state of dental health, particularly in the adult age groups. He said that there are grounds for believing that there is little more to be gained in further surveys of the types that had been used over the past decade or so, and that such funds as might become available could be better spent on the development of innovative ways of assessing dental health rather than on more surveys of the types previously conducted. Recommendations to this end have been made by him and others in the Department of National Health and Welfare who have been associated with recent dental surveys.

Paragraph 16(2) makes reference to a Canadian dental health index to be established and maintained. The following resolution is proposed:

RESOLVED

that the Board of Governors encourage the Health Care Council's public health committee to pursue this objective.

Adopted

AUXILIARY SERVICES COMMITTEE REPORT

18. Terms of reference of this committee are: (1) to study the need for and development of auxiliary dental personnel and recommend appropriate guidelines for their duties and utilization in Canada. Committees established within the Council shall have continuing responsibility for study in connection with the various auxiliary groups; (2) to develop and identify resource documents relating to the above duties that can be made available to the corporate members on request.
19. Dr. MacFarlane's committee's first report was received by the Council with interest. As a result, a resolution was sent to the Council on Education asking that they recommend to the corporate bodies and administrators of training institutions the development of additional programs for the training of auxiliary educators. The Council also asked for Council on Education endorsement of implementation of undergraduate and continuing education programs for dentists on the utilization of dental auxiliaries. Comment on this resolution appears in the Council on Education report to the Board. (para. 62)

DENTAL SERVICES COMMITTEE REPORT

20. Terms of reference of this committee are: (1) to study dental health care delivery systems, including public health programs, and recommend related guidelines for improving the dental health of the people of Canada; (2) to study and report on the economics of the various methods of delivering dental health care.

HEALTH CARE

21. As a result of Dr. Mackay's report, Council requested him to devise a questionnaire which would elicit information on public health programs (both welfare and denticare) in each province.

Reference is made in paragraphs 20 and 21 to a report produced by the Health Care Council's dental services committee. The Board recommends that as soon as possible this report be distributed to Board and corporate members.

On motion from the floor:

RESOLVED

that the Health Care Council's dental services committee be directed to produce cost effectiveness studies of the various delivery systems as soon as possible and that this information be sent to the corporate members and provincial voluntary dental associations as soon as it becomes available. This is to mean that as the various sections of the studies are completed reports are to be forwarded to the corporate members and voluntary provincial associations.

Adopted

GROUP PRACTICE AD HOC COMMITTEE REPORT

22. As reported to the Board last year (1973T53), Dr. J.T. Dowd was appointed to revise the CDA's "A Study of Group Practice in Dentistry (1963)". The Council accepted his progress report and will look forward to receiving his completed recommendations next year.

DENTAL RECORDS AD HOC COMMITTEE REPORT

23. Dr. Eisner provided the Council with a comprehensive summary of his committee's recommendations with respect to dental records.

NOMENCLATURE AD HOC COMMITTEE REPORT

24. Dr. Alexander submitted his committee's report on the question of a legal interpretation of "sound tooth", especially as it applies to third party insurance. After some discussion, this was returned to the committee for further study and report.

The Board does not agree on the need for a definition of a "sound tooth concept" for the determination of liability for accidental injury.

HEALTH CARE

On motion from the floor:

Whereas the Board does not agree with the "sound tooth concept" for determining third party liability, and

whereas it is the opinion of this Board that the need for a definition was requested to limit the liability of the third party, be it

RESOLVED

that the Board will not provide a definition to serve this purpose in view of the many sophisticated restorative and/or reconstructive techniques available.

Adopted

NATIONAL APPROACH TO HEALTH BENEFIT PROGRAMS

25. At last year's Board meeting (1973T210), the Council were requested to give detailed study to a submitted resolution from the Nova Scotia Dental Association recommending the hosting of a "meeting of knowledgeable, interested members of the CDA and other personnel to meet the Council on Health Care for the purpose of initiating a vehicle to coordinate a national approach to health benefit programs..." Council agreed in principle to the intent of this resolution. Dr. D.A. Eisner was asked to investigate and report to the next Council meeting the degree of interest in this suggestion and a method of coordinating such a national approach.

FEDERAL GOVERNMENT SURVEYS

26. The Board's request (1973T210) for Council to review the current methodology of Department of National Health and Welfare survey procedures has been referred to the Public Health Committee for recommendation to the next Council meeting.

FLUORIDATION

27. Mr. Lloyd Bowen, the CDA fluoridation consultant, presented his report on the current status of fluoridation in Canada. The Council then, by resolution, reaffirmed the stand of the CDA in support of fluoridation. All dentists are urged to continue their efforts to make this important public health program available as widely as possible.

D N H & W

28. On Council's invitation, Dr. Beverly DuGas, Chairman of the National Dental Manpower Committee and Director of Health Manpower Planning, Department of National Health and Welfare, explained to Council the division of responsibility within the Department for statistics, manpower, projection of dental needs, etc. CDA has two representatives on the National Dental Manpower Committee: Drs. W.W. Shortill and R.M. Grainger.

COST CONTROL OF DENTAL METALS

29. After a discussion on the rising cost and availability of dental metals, Council asked that the CDA Committee on Standards for Dental Materials and Devices be briefed on the concern of this Council as to the future supply and cost of dental metals essential to the practice of dentistry.

The Board is concerned over the rising costs of conducting a dental practice. The following resolution is therefore presented for approval:

*Whereas a cost-of-practice index
would be valuable to the profession,
be it*

RESOLVED

*that the Bureau of Dental Statistics
be directed to establish such an index.*

Adopted

COUNCIL'S CONTINUING ACTIVITIES

30. As part of the continuing activity of the Council, committees have been appointed to: catalogue ways in which dentists are being encouraged to practise in rural centres and evaluate the success of these methods; seek out new methods directed towards rural practice; examine other possible methods of payment for dental services and assess these; encourage utilization of the Uniform Code.

31. On behalf of the Council and the Canadian Dental Association, the Chairman attended the Workshop Conference on the Quality of Care and Medical Education, in Ottawa on April 25-26, 1974, and participated on a Canadian Association of Accident and Sickness Insurers' panel discussion on dental insurance in Ottawa on May 29, 1974. Reports on both of these meetings are on file at CDA headquarters. (see also Executive Council report)

Paragraph 31 of the Health Care report discusses the Workshop Conference on the Quality of Care and Medical Education in Ottawa on April 25-26, 1974, and on the participation at the Canadian Association of Accident and Sickness Insurers' Conference on May 29, 1974.

The Board recommends that the corporate members be advised of any further workshops such as described above.

HOSPITAL SERVICES

MEMBERS: K.C. Bentley, chairman, Montreal; S.M. Claman, Winnipeg; G.K. Hurd, Kitchener; A.G. Parnell, London; P. Surprenant, Sherbrooke.

R E P O R T

MEETINGS

1. The Council on Hospital Services met at CDA headquarters on February 25-26, 1974. All members were present. Dr. R. Mulrooney, Chairman of the Committee on Hospital Services of the Ontario Dental Association, attended part of the meeting. Discussion ensued on matters relating to liaison between the Ontario Dental Association and the Canadian Dental Association with respect to accreditation of hospital dental services (see para. 14 of this report).

SURVEY OF HOSPITAL DENTAL SERVICES

2. Council received applications from the following hospitals to evaluate their internships/residencies and/or dental services; these surveys were performed during the past year.
 - 1) Victoria General Hospital, Halifax, N.S.
 - 2) Centre Hospitalier St. Vincent de Paul, Sherbrooke, P.Q.
 - 3) Youville Hospital, Sherbrooke, P.Q.
 - 4) Centre Hospitalier Notre Dame, Montreal, P.Q.
 - 5) Jewish General Hospital, Montreal, P.Q.
 - 6) Montreal General Hospital, Montreal, P.Q.
 - 7) St. Mary's Hospital, Montreal, P.Q.
 - 8) Hospital for Sick Children, Toronto, Ontario
 - 9) Sunnybrook Hospital, Toronto, Ontario
 - 10) St. Joseph's Hospital, London, Ontario
 - 11) University Hospital, London, Ontario
 - 12) Deer Lodge Hospital, Winnipeg, Manitoba
 - 13) Winnipeg Health and Science Centre, Winnipeg, Manitoba
 - 14) Victoria General Hospital, Victoria, B.C.
3. As of May 1, 1974 the following hospital dental services have been evaluated by the Council on Hospital Services of the Canadian Dental Association. The date on which the validity of the accreditation award expires is available upon request from the Council secretariat. Information pertaining to hospital dental services which do not appear in the following list may also be obtained from the secretariat.

Name of Hospital

Accreditation Award

NEWFOUNDLAND:

Dr. Charles A. Janeway Child
Health Centre, St. John's

approval

HOSPITAL SERVICES

<u>Name of Hospital</u>	<u>Accreditation Award</u>
NOVA SCOTIA:	
Izaak Walton Killam Hospital, Halifax	approval
Victoria General Hospital, Halifax	approval
QUEBEC:	
Centre Hospitalier Notre Dame, Montreal	approval
Centre Hospitalier St. Vincent de Paul, Sherbrooke	approval
Hopital de l'enfant Jesus, Quebec City	approval
Hopital Sainte Justine, Montreal	provisional approval
Jewish General Hospital, Montreal	approval
Montreal Children's Hospital, Montreal	approval
Montreal General Hospital, Montreal	approval
Reddy Memorial Hospital, Montreal	approval
Royal Victoria Hospital, Montreal	approval
St. Mary's Hospital, Montreal	approval
Youville Hospital, Sherbrooke	approval
ONTARIO:	
Doctors' Hospital, Toronto	approval
Hamilton Civic Hospital, Hamilton	provisional approval
Hospital for Sick Children, Toronto	approval
New Mount Sinai Hospital, Toronto	approval
Ottawa Civic Hospital, Ottawa	approval
Scarborough General Hospital, Scarborough	approval
St. Joseph's Hospital, London	provisional approval
Sunnybrook Hospital, Toronto	provisional approval
Toronto General Hospital, Toronto	approval
Toronto Western Hospital, Toronto	approval
University Hospital, London	provisional approval
MANITOBA:	
Deer Lodge Hospital, Winnipeg	approval
Winnipeg Children's Hospital, Winnipeg	approval
Winnipeg Health and Science Centre, Winnipeg	provisional approval
BRITISH COLUMBIA:	
Children's Hospital, Vancouver	approval
Shaughnessy Hospital, Vancouver	approval
Vancouver General Hospital	provisional approval
Victoria General Hospital, Victoria	provisional approval

SURVEY OF INTERNSHIPS AND RESIDENCIES

4. Council has reviewed its list of internship and residency programs with respect to accreditation status. As of May 1, 1974 the following list comprises those programs which are presently accredited.

HOSPITAL SERVICES

<u>Name of Hospital</u>	<u>Accreditation Award</u>
QUEBEC:	
Centre Hospitalier Notre Dame, Montreal: rotating dental internship	approval
Centre Hospitalier St. Vincent de Paul, Sherbrooke: rotating dental internship	approval
Jewish General Hospital, Montreal: rotating dental internship	approval
Montreal Children's Hospital, Montreal: straight internship in paedodontics*	approval
Montreal General Hospital, Montreal: rotating dental internship	approval
St. Mary's Hospital, Montreal: rotating dental internship	approval
Youville Hospital, Sherbrooke: rotating dental internship	approval
ONTARIO:	
Toronto Western Hospital, Toronto: rotating dental internship	approval
MANITOBA:	
Winnipeg Children's Hospital, Winnipeg: straight internship in paedodontics*	approval
Winnipeg Health and Science Centre, Winnipeg: straight internship in oral surgery*	approval
BRITISH COLUMBIA:	
Vancouver General Hospital, Vancouver: rotating dental internship	provisional approval
5. During the 1974-75 Council year, the dental services of sixteen hospitals are due for resurvey or have requested initial survey. Council has selected individuals to carry out these evaluations on its behalf. Programs which have received "approval" status are normally resurveyed within three years; "provisional approval" usually carries a term of one year, after which the administrators of the program are encouraged to request a further survey. 6. Registered letters are sent to the administrators of hospital programs whose accreditation validation has expired and who have not applied for re-evaluation. Council requests notice of the hospital's intention within a specified time limit; failure to do so results in removal of their name from the list of CDA accredited programs.	

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

7. In 1973 Council agreed unanimously to await the reported re-organization of CCHA which would include an advisory liaison communication structure, a part of which would be a sub-committee

HOSPITAL SERVICES

on dentistry, rather than to reopen the question of CDA acquiring a seat on the CCHA. Correspondence has been received from the Executive Director of the CCHA indicating that the initial groups for this reorganization are beginning to meet. Council approved that the Chairman and the Executive Director of the CDA would be the Council's representatives to such a meeting when it is called.

SURVEY OF HOSPITALS IN CANADA

8. Following review of the results of Council's survey of Canadian hospitals reported last year (1973T133), Council decided that it was not necessary to accredit all dental programs; it was adequate to encourage the development of dental departments where appropriate. However, accreditation should be offered by the CDA to all teaching hospitals. During the next year the Council will study the question of what requirements they can expect small hospitals to meet, and will develop suggested guidelines for consideration at the next Council meeting.

DENTISTRY IN EXTENDED CARE CENTRES

9. During the 1973 Board of Governors meeting, a resolution was approved (1973T133) that data be accumulated by the corporate bodies pertaining to the dental care requirements and population groups in extended care centres. Council is developing a questionnaire for use by CDA corporate members in this regard.

CANADIAN HOSPITAL ASSOCIATION

10. Council has agreed that attendance at the Canadian Hospital Association convention is not worthwhile if no portion of the agenda is related to dentistry. Unless there is an invitation to participate in the program, Council feels that attendance will be of no value. In the event that an invitation is sent to participate, the Chairman will select the member who will attend.

CDA 1974 CONVENTION

11. Under the auspices of the Council, a panel discussion on "The Dental Practitioner in the Hospital" is being presented at the 1974 CDA Convention on October 9 in the Four Seasons-Sheraton Hotel, Toronto.

GUIDELINES FOR DENTAL SERVICES IN HOSPITALS

12. During the next year, clarification of the functions of the audit committee will be developed for inclusion in the Guidelines.
13. Council will also prepare a draft document which might persuade hospital administrations of the advantages of dental departments within their premises, bearing in mind that one must first demonstrate that there is a need for the establishment of such a facility.

HOSPITAL SERVICES

LIAISON WITH PROVINCIAL HOSPITAL SERVICES COMMITTEES

14. Dr. R. Mulrooney, Chairman of the ODA Hospital Services Committee, attended a portion of the meeting to discuss the CDA criteria for accreditation of dental departments. Discussion included the possibility of joint provincial/national surveys and the need for increased exchange of information such as the listing of approved programs. Council will canvass all provincial hospital committees asking for their comments relative to CDA accreditation documentation and methodology as presently employed. This information will be collated and discussed at the next Council meeting. It has been agreed that the chairmen of provincial hospital services committees will be invited to attend meetings of the CDA Council on Hospital Services, without CDA financial responsibility. In such a manner better liaison will take place between corporate members and the national organization.

REVIEW OF ACCREDITATION DOCUMENTATION

15. During the course of the next year, Council will re-examine and edit the current accreditation questionnaires and surveyors' report forms in order to eliminate duplication.
16. Council will review the CDA "Requirements for Approval of Dental Internships" (1973T131) with a view to recommending changes at the next meeting of the Council.

DENTAL CARE FOR THE HANDICAPPED

17. As reported to the Board last year (1973T134), Council has been endeavouring to assist the Canadian Cerebral Palsy Association to ensure adequate dental care for cerebral palsy patients in this country. Dr. W.H. Feasby of London was invited by the Council to prepare a statement on the subject which could be issued by the CDA to the profession, the press, federal and provincial Ministers of Health and other persons deemed appropriate.
18. In the belief that dental care facilities for the cerebral palsied are not significantly different from the services which should be provided for other handicapping conditions, Dr. Feasby's statement was prepared on the broader base of "Dental Care for the Handicapped". The Council on Hospital Services-approved document is printed as Appendix 1 to this report.
19. The following resolution is presented for Board approval:

RESOLVED

that the document entitled "Dental Care for the Handicapped", Appendix 1 of the 1974 Council on Hospital Services report to the Board of Governors, be accepted

HOSPITAL SERVICES

as a CDA position paper, and be circulated to the profession, the press, federal and provincial Ministers of Health and other persons deemed appropriate.

Adopted

CHAIRMAN'S REMARKS

20. The Chairman would like to express sincere appreciation to his fellow Council members for their efforts in assuring the function and success of this Council. Thanks must also be extended to the CDA support staff without whose cooperation the task of completing these functions would have been most difficult.

DENTAL CARE FOR THE HANDICAPPED

SUMMARY AND RECOMMENDATIONS

1. From the dental standpoint, handicapping conditions vary in etiology and severity but most afflictions and most individuals have two conditions in common - stress, both economic and emotional to the family, and the need for an inter-related multidiscipline treatment approach. All the conditions that deter the population from seeking dental care apply to the handicapped who are also deterred by the problems of their affliction. Timely dental treatment and prevention is essential for the usual reasons but in the case of the handicapped, many cannot accept the backup treatment of more extensive correction and replacement procedures.
 2. Therefore it is recommended that:
 - (1) Medicare be extended to include dental care for the handicapped.
 - (2) (a) Centres for Dental Treatment for the Handicapped be established at the teaching hospitals at each of the Canadian Faculties of Dentistry; and
(b) the Centres for Dental Treatment for the Handicapped be staffed by dentists and their support staff who are salaried in the manner of the "geographic full-time physician"; and
(c) following the activation of 2(a) and 2(b), Regional Centres for the Dental Treatment for the Handicapped should be established.
 - (3) The federal government should provide grants in aid to the provinces for the establishment of programs in Dental Care for the Handicapped as outlined in recommendation 1, 2(a), 2(b) and 2(c).
-
3. The handicapped population of Canada is comprised of people of various ages who are afflicted with one or more chronic illnesses or disabilities. The handicapping conditions vary considerably and include mental retardation, cerebral palsy, rheumatoid arthritis, haemophilia, leukemia, cleft palate, cystic fibrosis and deafness to name conditions commonly found in the dental offices and hospital dental clinics. Some conditions are specific (i.e. haemophilia) and some are broad categories comprised of a variety of conditions with various etiologies (i.e. mental retardation, cerebral palsy).

4. Handicapping conditions occur in varying degrees of severity, the milder types of which frequently present little difficulty to the dentist and may be considered from the dental standpoint within the normal range of the population. However, handicapping conditions have certain characteristics which relate to the affliction and which present various problems associated with the provision of dental care.
 - Emotional stress to the family unit:
Quite apart from the problems of extensive hospital care and therapy, the presence of handicapped individuals within the family unit present special problems often not appreciated by the more fortunate. The shock of discovery and the shattered expectations of the parents of a retarded child, for instance, can stimulate intense emotional problems in other members of the family.
 - Economic stress to the family unit:
In addition to the very considerable costs for medical and hospital care which are now fortunately, except for dentistry, largely provided for, the families of the handicapped frequently experience economic stress because of a whole series of problems associated with the handicapping condition. The transportation problems of the cerebral palsied, supervisory care for the young adult mentally retarded are but two examples.
 - Conditions that make provision of dental care difficult:
The unique characteristics of some handicapping conditions such as the hearing handicapped with whom the dentist cannot communicate or the athetoid cerebral palsied who has uncontrolled movements make the provision of dental care in the usual manner very difficult.
 - Conditions that make the provision of dental care hazardous:
The use of any sharp instrumentation for the haemophiliac without full hospital support is foolhardy. To attempt intraoral procedures on the spastic cerebral palsied is to invite serious injury to the patient and the operator. Specific treatment modalities such as the hospital environment are required in such cases.
 - Multidiscipline problems:
Handicapping conditions are often the multiple expression of one or more etiologic factors. The resultant complexity of the more severe cases requires the coordinated application of expertise from several disciplines. The cleft palate is one such example which requires for satisfactory management the skills of the speech therapist, the paedodontist, the orthodontist, the plastic surgeon, the otolaryngologist, the paediatrician and others. Not only are multiple disciplines required but they must be effectively inter-related in a cooperative working arrangement.
 - Inadequate cooperation:
Because of the inherent nature of the problems, of the severe cerebral palsied or the mentally retarded, for instance, it is not possible to

Appendix 1, cont'd

anticipate either orthodontic treatment or oral prostheses. For these reasons, as well as the usual, it is essential that early and preventive care be provided if a satisfactory level of oral health is to be achieved.

5. Each handicapping condition possesses a different array of problems but some problems occur with distressing frequency. In particular, are two problems of significant importance across the whole spectrum of handicapping conditions. These are (a) emotional and economic stress to the family and (b) the interrelated multidisciplines required for treatment.
6. There are facilities, perhaps limited, available in various centres across Canada where dental care for various handicapping conditions can be provided. In addition, many dentists in private practice will accept ambulatory patients who can cooperate sufficiently so that routine dental care can be provided. However, there is evidence that these facilities both private practice and in institutions where the patient must seek treatment are under-utilized. There are many reasons why our population does not seek dental care. Economics, fear of pain, lack of appreciation of good dental health, lack of knowledge of the consequences of neglect; all of these reasons apply to the handicapped and their family plus the unique problems already cited. It is not surprising to find in a family with a handicapped member that dentistry receives a very low priority in the family's concern. There is an acute need, therefore, to remove the principal deterrents. As has already been demonstrated, where financial support is provided utilization rapidly increases. Therefore, shortly after the funding of dental care for the handicapped there will be a demand for the provision of more treatment facilities and more dental treatment personnel.

RECOMMENDATIONS

7. (1) Handicapped individuals in stressed families should be eligible for dental treatment benefits by the extension of medicare. Since the "stress to the family unit" is already employed as an admission criterion in several institutions for the handicapped, it should be possible to employ similar standards for the extension of medicare benefits. This aid would remove a significant deterrent to the access of private practice treatment and would greatly alleviate the problems of the handicapped who are already beset by other problems.
- (2) (a) Centres for the dental treatment of the multidiscipline problems of the severely handicapped should be established in the teaching hospitals associated with each of the Canadian Faculties of Dentistry.
Many of these centres already exist but often with inadequate staff or facilities. Admission to these centres should be by referral by the physician, dentist or public health worker in the catchment area.

Appendix 1, cont'd

(b) The Centres for the Dental Treatment of the Handicapped should be staffed with dentists and their supporting staff whose salaries are provided in the manner of "geographic full-time physicians".

This will provide the related treatment personnel, funded and administered in the same manner as the medical confreres within the hospital. This will, in addition to treatment provided, extend the training of dental personnel in the unique problems of dental care for the handicapped and also will provide opportunities for clinical research into dental care and prevention for the handicapped.

(c) Only after the ten centres have been established and staffed as recommended in 2(a) and 2(b) then Regional Centres for the Dental Treatment of the Handicapped should be established.

Each Centre should be staffed with specially trained dental personnel who are remunerated by salary. The dental centres must have available the appropriate medical and other health disciplines for the provision of the inter-related multi-discipline approach. Ideally, the Regional Centres would be part of a Regional Health Centre facility or an integral component of a Regional Hospital.

- (3) Each of the above recommendations requires the expansion of provincial health budgets. This could be stimulated and expedited by Federal grants in aid for Dental Care for the Handicapped within the guidelines described in recommendations 1, 2(a), 2(b) and 2(c).

INFORMATION SERVICES

MEMBERS: W.J. Spence, chairman, Toronto; D.V. Allen, Windsor;
G. Baril, Montreal; W.B. Chapple, Toronto; G.H.
Sparrow, Toronto.

R E P O R T

COUNCIL MEETINGS

1. The Council held three full-day meetings on December 10, 1973, April 10, 1974 and September 4, 1974.
2. Because of an ever-increasing volume of matters requiring Council attention it is proposed that three meetings will be required during the 1974-75 period.

COUNCIL PERSONNEL

3. With regret the resignation of Dr. G.J. Chong was accepted November 26, 1973. Dr. Chong made a valuable contribution to the activities of Council. The President appointed Dr. G.E. Sparrow, Toronto, to replace Dr. Chong.

PUBLIC INFORMATION OFFICER

4. Miss Pat Lundie was engaged in this capacity by the Association and has been invaluable in the efforts of Council.

FILMS

5. The Association now has 14 films in circulation through Modern Talking Picture Service. As of December 31, 1973, Modern reported 609 showings for the year to 20,281 viewers. As of May, 1974, 188 showings have been reported to 6,886 viewers. The 1973 service cost to the Association was less than \$1,500 combined with film production costs on two new films of approximately \$13,000.

RADIO SPOT ANNOUNCEMENTS

6. The spot announcements distributed by the Association's Bureau of Public Information and used as public service features by radio stations added up to \$2,444 time value in 1973. Up to May, 1974 this has been increased to \$4,165, the majority donated for Dental Health Week.

TELEVISION FILM CLIPS

7. The value of free television time given to showing the Association's dental health clips was \$17,825 for the year 1973. To May, 1974, \$26,105 in free time has been donated.

1973 CONVENTION COVERAGE

8. Through the operation of a press room and the preparation of news releases, the Association received extensive coverage for its annual

INFORMATION SERVICES

Board Meeting and Convention held in Vancouver, October, 1973. A total of 903 column inches appeared in newspapers across the country. There were two interviews on French CBC radio, and television news coverage by both CTV and CBC Vancouver outlets.

DENTAL HEALTH WEEK

9. The Canadian Dental Association again sponsored Dental Health Week, February 3 to 9, 1974. The Bureau of Public Information supplied corporate members with program planning materials. Ontario planned its own program February 4 to 10, 1974. Alberta and Quebec became engaged in unrelated year long programs but did mark the official week to some extent. The remaining provinces participated with the Association with good to moderate success.

NEWSPAPER COLUMNS

10. The Association column in the Toronto Daily Star, authored by Dean W.J. Dunn, continues to be a success with mail averaging between 70 and 90 pieces per month. The Toronto Daily Star has been unsuccessful in marketing the column as a syndicated feature. Council believes that the Association owes Dr. Dunn a large debt of gratitude and the Chairman has personally expressed the thanks of Council.
11. The dental columns in weekly newspapers across the country are gradually reaching more of the public. The Bureau of Public Information now has 130 individual columns from which to choose a selection of monthly mailings to 210 weekly newspapers across Canada.

GOVERNMENT COMMUNICATIONS

12. As a result of the reallocation of funds within the Bureau of Public Information budget, there has been a shift in emphasis to membership communications. A brochure on the meaning and benefits of CDA membership was prepared for early Fall distribution through the mail and for use at the 1974 National Convention.
13. An audio-visual presentation on slide and tape has been developed as a complement to the membership brochure. It will be shown at the National Convention and will be available to program planners at the provincial and local dental levels.
14. Members who attend the National Convention will be greeted in the registration area with a striking Association display, co-ordinated with those of other Association-linked bodies. The display system chosen is flexible and can be re-arranged to fill many purposes. It is planned to utilize different formats of this system during the coming years at various provincial meetings, conferences and seminars. The system has already been used at the June Convention of the Canadian Public Health Association in St. John's, Newfoundland, where Dr. A.W.S. Wood represented the Association. It will also be useful in publicising the 1977 FDI Congress in Toronto, sponsored by the Canadian Dental Association.

INFORMATION SERVICES

JOURNAL OF THE CANADIAN DENTAL ASSOCIATION

15. A readership survey by Starch of Canada Limited was recommended by the Executive Council and carried out in January of this year. If funds are available a second survey is recommended for November, 1974 in order to provide further guidance on membership preferences in editorial material.

On motion from the floor:

RESOLVED

that if funds are available a second Starch survey be undertaken in November 1974, and

that the editorial findings of this survey be shared with editors of provincial dental journals and newsletters.

Adopted

RESOLVED

that the national and provincial news editors share useful information.

Adopted

CONTINUING EDUCATION

16. The Council was approached during the year by a number of commercial concerns sponsoring various types of continuing education programs for dentists. All the proposals were viewed by Council and forwarded to the Task Force on Continuing Education for further assessment.

On motion from the floor:

Whereas the Council was approached during the year by a number of commercial concerns sponsoring various types of continuing education programs for dentists, be it

RESOLVED

that the Board of Governors direct the Council on Information Services to contact all sources of Canadian continuing education, based on a list of available sources, for the purpose of compiling a list of available continuing education courses and that these lists be published in the September and January issues of the Journal.

Adopted

INFORMATION SERVICES

FLUORIDATION

17. The CDA Fluoridation Officer, Mr. L.H. Bowen, continues to receive weekly requests for fluoride information from media, government, dental and public sources. With the approval of the Executive Council, Mr. Bowen was retained by the Association for four half-days per week in order to keep this valuable service functioning for 1974.

On behalf of Canadian dentistry the Board wishes to express its appreciation to Mr. L.H. Bowen for his invaluable services in the field of fluoridation.

GIFT PAX

18. With regret Council cancelled this useful project due to budgetary restrictions.

SEAL OF RECOGNITION FOR DENTIFRICES

19. In accordance with the motion of the Board of Governors (1973T10), the content of the dental advertisements for products recognized by the Association were reviewed and letters were sent suggesting that consideration be given in future advertising to the incorporation of practical dental health techniques. Letters assuring co-operation have been received.

Further to the Board's request that the content of dental advertisements for products recognized by this Association incorporate practical dental health techniques, it is now recommended:

Whereas companies which have received the Seal of Recognition for dentifrices carry on a direct sales program to the profession, be it

RESOLVED

that the Council on Information Services monitor the advertising material therein.

Adopted

On motion from the floor:

RESOLVED

that the Executive Council be authorized to withdraw the use of the CDA Seal of Recognition by those companies who abuse its use by misleading advertising.

Adopted

INFORMATION SERVICES

MEMBERSHIP

20. The Executive Council's directives to the Council to co-operate with the Ontario Dental Association's membership committee in matters relating to voluntary conjoint membership has resulted in a continuing series of meetings involving Association staff and Council members. The ODA Board's decision that the membership campaign would not be for conjoint membership but voluntary individual membership has altered the thrust of our efforts. However, this is a co-operative effort.

CANADIAN NATIONAL EXHIBITION BOOTH

21. As the Ontario Dental Association's estimate of the Association's share of the cost of this project was three times what our budget allowed and since Council did not feel that the recognition given CDA's participation was sufficiently great, it was decided that CDA should not take part in this project for 1974.

The Board deplores the fact that budgetary cuts have necessitated the curtailment of Council's external communications programs. It is hoped that among its top priorities the Council on Information Services will develop an external communications program for presentation to the Board.

INSURANCE AND INVESTMENT

MEMBERS: R.A. Hugill, chairman, Toronto; D.C. Way, London;
R.L. Rasmussen, Calgary; O.F. Wright, Vancouver;
D.C. Steeves, Moncton; F.J. Furlong, Windsor;
B. Trepanier, Ancienne Lorette.

R E P O R T

1. The current chairman accepted the appointment to the position of Chairman of Council as of November 1, 1973.
2. The Council on Insurance and Investment held one three-day meeting since the last annual report; January 31 - February 2, 1974.
3. Following the previous format of council meetings, representatives from provincial insurance committees were invited as observers, to participate fully in Council deliberations. Representatives from the Newfoundland, Manitoba, Ontario, Quebec Dental Surgeons Association and the Mount Royal Dental Association (Montreal) attended as observers and significantly contributed to the Council meeting.
4. A second meeting is scheduled for August 23 and 24, 1974.

COUNCIL REPRESENTATION

5. Council has studied ways and means for improvement in facilitating its expanding activities.

FORMATION OF AN EXECUTIVE COMMITTEE

6. Council established an Executive Committee composed of the Council Chairman and two additional council members appointed by the chairman, namely, D.C. Way and R.L. Rasmussen. The duties of the Committee are to assume the interim management and decisions and the initiation of plan investigations etc., but not to make decisions affecting Council or CDA policy.
7. It is the considered opinion of Council that this committee can more effectively present the principal business issues for Council consideration and action and keep expenditures of Council to a minimum.
8. The Executive Committee held two meetings, March 1st and 2nd, and June 20th and 21st, 1974.

REPRESENTATION ON COUNCIL

9. Council directed the Executive Committee to study the structure of this Council and to bring forth recommendations regarding its structure and financing, to be presented to the CDA Task Force for its meeting in March 1974 if possible.
10. A draft of the Executive Committee report on Council representation will be presented to Council at its next meeting for further study.

INSURANCE AND INVESTMENT

A copy of this preliminary report was forwarded to the CDA Task Force. Appendix 1 (a) and (b) and (c).

GROUP LIFE PLAN

11. Present Limits

Dentists and wives are both offered up to \$150,000 coverage. Hygienists are offered up to \$25,000 and other persons employed in the practice of dentistry can obtain \$2,000, \$5,000 or \$10,000 coverage. The insurance available to hygienists and dental assistants etc. (stated above) in the CDA group plan is not to be confused with their own group plan. See paragraphs 64-69.

12. Council has received the full co-operation from the underwriters - Imperial Life Assurance Co., and Laurier Life Insurance Co.

13. Claims Experience

The claims experience on this plan has been satisfactory over the past year, with a total of \$130,000 in claims being paid on the lives of three dentists. Consequently, the premium stabilization reserves have significantly increased again this year.

14. Retention Statement Appendix 2 (a) and (b)

As of November 30, 1973, the premium stabilization reserve has reached a sum of \$458,849.30 which is somewhat in excess of the reserve agreed upon as a primary stabilization reserve. In effect the primary stabilization reserve should be maintained (by agreement) at a level equivalent to one year's premium of the plan, and these funds are held in trust to protect the premium rates in the event of excessive claims experience in any one year or successive years.

15. The Executive Committee is recommending to Council that these excess funds above the primary stabilization reserve figure be utilized to increase the maximum amount in which retention is applied in excess of \$50,000 coverage (current retention level agreement). This in effect would mean that the primary stabilization reserve would be increased, but at the same time the potential for building greater total reserves would be increased. As the excess reserves in the stabilization reserve fund increase, they may be used to improve either plan coverage or reduce premium rate structure.

16. Retention Trust Agreement

Agreement was reached that Council would accept the retention statement as of November 30, 1973. Executive Committee and the underwriters further agreed that the rate of interest to be applied from December 1973 to January 1975 would be 8-3/4%, the interest rate applicable to Royal Trust one year Investment Certificates as of January 15, 1974. Henceforth, January 15 will be the year end for retention statements. All excess reserves (if any) plus interest will be turned over by the underwriters and placed in a "Canadian Dental Association Life Reserve Trust Fund" administered by CDSPI on behalf of the CDA each succeeding year. Imperial Life Assurance Company personnel are drafting a trust agreement which will be delivered to Council shortly for approval.

INSURANCE AND INVESTMENT

17. Sub-standard and Hazardous Risks

(a) Applications for life coverage which are rejected on a basis of standard premium rates in the group plan are reviewed and whenever possible are issued on a rated basis above standard, subject to the acceptance by the applicant. Only when the applicant's health records prohibit the issuing of an individual term insurance policy by underwriting standards, is coverage denied an applicant.

(b) A few "sub-standard risks" may be offered insurance at standard premium rates depending upon increased acceptable mortality. See Appendix 3 (a) and (b).

18. Proposed Increased Limits

(a) Executive Committee will recommend to Council that the maximum individual limit be increased from \$150,000 to \$200,000. Presently there are 173 dentists insured to the present maximum limits and there appears to be a demand for increased maximum limits as proposed.

(b) Negotiations with the underwriters are being instituted to provide limited term insurance coverage beyond age 65 (current age limit), on the group plan, possibly to age 70 or 75. The proposal forthcoming will be subject to Council approval.

19. Group Practice Life Insurance

Present regulations permit a limited company to give employees of the company, life insurance to a maximum of \$25,000 as a tax free benefit. Council has recommended that group practice personnel be informed that it is permissible to use the Association's Group Life Plan for this \$25,000 coverage providing that the total coverage for the individual employee does not exceed the maximum limits (currently at \$150,000).

20. Promotion

Considerable effort will be made in the future to promote this plan to those dentists (or other applicants in dentistry) most eligible for the coverage i.e. undergraduates, recent graduates and to a lesser degree older graduates, excluding those where it has already been determined that health problems prohibit the provision of life coverage (or increased amounts) to those individuals.

21. Plan Participation

As of November 30, 1973 there were 4,188 dentists participating in the plan with a total underwriting volume of \$148,310,000 insurance coverage. See Appendix 4 (a) and (b).

22. Adjustment Income Dollars (A.I.D.)

At the present there are 1,542 dentists enrolled in this plan; however, it has not reached its possible potential.

23. The program was originally established to be an extension of a participant's disability program. The purpose was to continue payments to the beneficiary for a certain period of time after the death of the participant.

INSURANCE AND INVESTMENT

24. The choice of a life company rather than our disability carriers was made solely on the basis of the cost of the product. The rate structure is very competitive.
25. The Executive Committee will recommend to Council that this plan be promoted in conjunction with our disability plans in an effort to increase participation. It is also included as part of the insurance coverage available in the Graduate Package program.
26. Paid Up Insurance Program - (Insurance Bank Plan)
The plan was instituted on a National/Provincial basis with promotional brochures and literature in April 1974 after the ODA Board of Governors expressed their intent to institute the plan in Ontario but requested the CDA Council to promote the plan Nationally/Provincially if possible, subject to CDA Council's acceptance of plan provisions.
27. However, because of extremely poor acceptance by the members and because of the difficulty in explaining this type of insurance, the Executive Committee will recommend to Council to discontinue the present plan on a national basis.
28. The underwriters have indicated that for the few now in the plan, they would continue coverage for those who wished to. Any member who wished to withdraw could have his premium returned. The participant would be given the opportunity to make his own decision.
29. The underwriters also indicated that if Ontario wished to continue this plan they would be willing to do so provided there was sufficient support from the members of Ontario.
30. The Executive Committee is concerned that it will be difficult to change the paid-up plan so that it would be more clearly understandable to the average individual and provide a better investment media. However, the Executive Committee have instructed the underwriters to give further thought to the matter and submit if possible an "improved or replacement" plan for Council consideration.

Accident & Health Insurance Programmes

- I. Group Income Protection & Accidental Death and Dismemberment (A.D. & D.)
31. Changeover to C.N.A.
(a) Due to difficulties arising from the basic differences in administration and underwriting philosophy and procedures employed by C.N.A. Assurance Co. and Mutual of Omaha Insurance Co. who were involved in jointly underwriting these Plans, the Board of Governors at their last meeting in October 1973, on the recommendation of Council passed a resolution that one underwriter, namely C.N.A. Assurance Co. be chosen as the single carrier to underwrite the new disability plans developed, which were detailed in the last annual report to the Board of Governors.

(b) Dr. Way, then Chairman of Council, in his supplementary report to the CDA Board of Governors, outlined the reasons for the change-over to a single carrier, namely C.N.A. Assurance Co., and the advantages and highlights of the new plans for the prospective participants. Because this detailed report did not reach sufficient responsible personnel to relate this information to the profession, considerable confusion occurred and adverse criticism was received by Council and CDSPI from the profession. Subsequently, Council recommended that Dr. Way's supplemental report be mailed to all members of the profession. The mailing was cancelled when Council was informed that the costs would have to be charged against Council's 1974 budget. Alternatively, CDSPI and members of Council informed and advised members to the best of their capabilities. It is Council's opinion that, fortunately, the crisis now has passed and that the profession largely has accepted the changeover to C.N.A. Assurance Co. and the new plans developed by Council.

(c) C.N.A. has issued new certificates of coverage to policy holders to replace those previously issued by Mutual of Omaha under the old plan. No reduction in coverage was experienced by any policy holder and all riders were reviewed by C.N.A. Assurance Co. to conform to their philosophy of rider underwriting without any penalty experienced by any previously insured by Mutual of Omaha. To the contrary, more favourable underwriting was experienced by many dentists.

32. Contractual Changes

(a) There are no changes in plan coverage or in rate structure since the implementation of the new Income Protection or A.D. & D. plans, except for Rehabilitation benefits (paragraph 32d).

(b) A.D. & D. benefits now are available to dentists without participation in the Income Protection Plan. The minimum amount issued in individual policies is \$50,000 coverage up to the \$100,000 maximum unless the dentist participates in the Income Protection Plan as well, whereby amounts in units of \$10,000 can be purchased.

(c) Definitions re "Total Disability"

A more comprehensive definition of "total disability" in compliance with the terms of the contract for benefits, has been developed as it applies to

(i) the dentist whose only occupation is the practice of dentistry or the teaching of or lecturing in dentistry or administration of dentistry,

(ii) the dentist who is involved in more than one occupation, (e.g. teaching, administration) requiring a dental license whose primary occupation is the practice of dentistry,

(iii) the dentist who is involved in more than one occupation requiring a dental license (e.g. teaching, administration) whose primary occupation is other than the practice of dentistry.

(iv) It is not the intent of the plan to insure the dentist for disability benefits as it would apply to those also involved in occupations other than that requiring a dental license. His benefits for coverage would apply only to his occupation in dental practice (paragraph 32 (c)-(i). The benefits as they apply to dentists in each of these categories (i, ii, iii) are detailed in a letter of intent from C.N.A. underwriters and is attached to the master contract (Appendix 5).

INSURANCE AND INVESTMENT

(d) Extended Rehabilitative Benefits

Benefits have been negotiated with the underwriter in addition to the original provisions.

(i) When the insured immediately following a period of total disability for which indemnity is payable, engages in rehabilitative employment, the insurer will pay the applicable monthly indemnity less 50% of the amount of compensation or income the insured receives as wage or profit from such rehabilitative employment for the period the insured is so employed, but not to exceed 24 months, but in no event beyond the insured's 60th birthday.

(ii) The insured may within 60 days prior to the expiration of the 2-year rehabilitation period or the expiration of a previously granted extension period, apply to the company in writing for an extension of rehabilitation benefits for a further period of up to 2 years, but any extension of rehabilitation benefits shall be subject to the following:

- the insured must continue by reason of injury or sickness to be unable to engage in the practice of dentistry in any form.
- the insured's monthly earnings from rehabilitative employment (before tax but net of business expense), must not exceed indemnity provided under the insured's certificate.
- the rehabilitative benefit payable within any extended period of rehabilitation shall be the insured's monthly indemnity less 100% of monthly earnings from rehabilitative employment (before tax but net of business expense).
- in no event will rehabilitative benefits be payable beyond the insured's 60th birthday nor beyond the month in which the insured's monthly earnings from rehabilitative employment equals or exceeds the monthly indemnity provided by the insured's certificate of insurance.

(e) Escalation of Benefits Clause

A cost of living adjustment on the Group Income Protection program will provide automatic additional coverage each year where applicable on a basis as outlined in the letter of intent by C.N.A. which is affixed to the Master contract. Letter of Intent and provisions - Appendix 6.

33. Old Plans - Disability Income and Office Overhead Expense

Dentists previously participating in the plans jointly underwritten by Mutual of Omaha Insurance Co. and C.N.A. Assurance Co. may continue their coverage under these plans should they consider the premium cost more economical in specific age groups. However, these plans are frozen and dentists may not increase their insurance under the old plans. However, it is their prerogative to participate in the new plans as well for additional coverage. Certificates issued by Mutual of Omaha Insurance Co. under the old plans have been replaced by new certificates issued by C.N.A. Assurance Co.

II. GROUP OFFICE OVERHEAD EXPENSE PLAN

34. Changeover to C.N.A.

Comments under section Income Protection, paragraphs 31-abc, are applicable to the experience in promotion and development of the new Office Overhead Expense Plan, underwritten by C.N.A. Assurance Co.

INSURANCE AND INVESTMENT

35. Contractual Changes

(a) There are no changes in coverage content or in rate structure since the implementation of the new basic and graded office overhead expense plan.

(b) An optional twelve month non-reducing office plan was developed to supplement the new graded program. The premium rates for this new supplemental program are attached (Appendix 7) - See Schedule IV.

36. Group Practice Office Overhead Expense Plan

Council studied the feasibility of developing a special office overhead expense plan for dentists in group practice. However, implementation of such a plan has been deferred to a future time for the following reasons:

(a) At present there is not sufficient demand to initiate a separate plan for group practice coverage.

(b) Council is concerned about the administration of this type of plan as related to: (i) the control of additions and deletions or replacement of members within partnerships.

(ii) the method of establishing actual expenses charged to disabled members within partnerships.

(c) For the present, Council believes that participants in a group practice can economically obtain adequate coverage through the present group office overhead expense plan offered to all dentists.

37. Additional office overhead expense insurance up to \$1,500 monthly coverage can be obtained on an individual basis in addition to the group plan. The additional benefits are payable for a period of 3 months only. At present the C.N.A. Assurance Co. underwrite the group plan on a basis of a simple statement of total overhead expenses. If a member applies for any amount in excess of the group limit (\$3,500 monthly indemnity) the insurer will require a detailed statement of monthly expenses.

III RETENTION AGREEMENTS - On the Group Income Protection and Office Overhead Expense Plans

38. The retention statement for the policy year 1973 as applicable to C.N.A. Assurance Co. is attached to this report. (Appendix 8)

39. The surplus reserve funds will be forwarded to CDSPI by cheque made payable to "Canadian Dental Association Disability Reserve Trust Fund". Accordingly, a trust fund will be opened by CDSPI on behalf of the CDA in conformance with retention agreement on receipt of these monies.

40. Our new agreement with C.N.A. Assurance Co. will be completed shortly to replace the former joint agreement with C.N.A. Assurance and Mutual of Omaha Insurance Co.

41. The surplus funds arising from the Mutual of Omaha part of the previous Retention Agreement have not as yet been declared. However, this information and the funds should be forthcoming by July 15, 1974 in compliance with requirements set forth by the Superintendent of Insurance.
42. Participation in the Disability Income and Office Overhead Expense Plans (Appendix 9).

General Insurance (Casualty) Programme

43. Because of difficulties encountered in marketing the general insurance programme (Business and Personal) and the subsequent low participation in the plan (and in spite of good plan coverage), Council at their last meeting in January 1974 directed the Executive Committee to investigate means and ways of:
 - (a) improving the marketing of the programme,
 - (b) improving the product of the programme wherever possible.
44. The Executive Committee initiated an intensive study for several months of the situation as it currently existed in each province in respect to the administration of the programme by the broker (agent of record) - Marsh and McLennan Ltd.
45. The Executive Committee's general assessment of the situation was as follows:
 - (a) Each of the offices of Marsh and McLennan across Canada are relatively autonomous to the effect that communication and control through a central source seemed sadly lacking. This, precisely, was completely opposite to what Council had been assured of before implementation of the programme.
 - (b) Communication between CDSPI and the brokerage company seemed ineffective which precluded the provision of certain services normally provided by CDSPI.
 - (c) Council is of the firm opinion that this type of insurance requires the direct and personal contact of an agent with the dentist rather than solely the use of the mails and telephone to effectively market the programme. Marsh and McLennan had assured Council prior to the implementation of the plans that personnel would be available to carry out this marketing approach. Subsequent requests were made to the company to provide these services; however, there was no indication that they would be effectively forthcoming.
 - (d) In addition, there were a number of reports from dentists that they had received varying quotations on rates from the brokerage company. The Executive Committee became very concerned about the poor public relations this would engender to the point of creating a lack of confidence by the dentists in our other insurance plans and in Council's and CDSPI's administration.

46. The Executive Committee felt that emergency measures were necessary prior to the next Council meeting to prevent further deterioration of the programme. Accordingly, the Chairman on the recommendation of the Executive Committee, sent a letter of dismissal to Marsh and McLennan Co., effective June 30, 1974, removing them as the broker of our general insurance and malpractice programmes (Appendix 10).
47. This action taken does not alter the plan content nor change the underwriter of the insurance plans, which is C.N.A. Assurance Co. All insurance previously underwritten remains in force and until Council approves any changes in plan content, will remain available to dentists requesting coverage.
48. Implementation of a New Agency Force
(a) For the interim period prior to Council's next meeting in August 1974, the Executive Committee have appointed C.N.A. Assurance Company's Regional offices across Canada to act as the agent of record to service the plans currently in force and to provide any new coverage but when requested only.
(b) A new plan of approach in marketing the general insurance programme utilizing C.N.A.'s agency force will be presented to Council for their approval. Specific guidelines as to regional appointment and control of this agency force, which would market and service the programme on behalf of the Association, will be submitted to Council for approval.
(c) All insurance contracts for coverage presently in force identify Marsh and McLennan Co. as the designated agent or broker. A letter will be sent to all participants requesting power of attorney for CDSPI to designate the new agent of record who will be responsible for servicing any claims in the future in accordance with their contracts.
49. Proposed Changes in Coverage
The Executive Committee will submit to Council for their approval new proposed changes in coverage both in the Business and Personal insurance programmes (Special Office Package, Homeowners, Personal Liability and Automobile) for proposed marketing in the fall of 1974.
- Malpractice (Liability) Insurance
50. The wording of our contract for 1974 has been amended to clarify any misunderstandings in respect of the coverage extended to auxiliaries - (see Appendix 11 attached). This also explains the increase in annual premium and the reasons for the increase. Participation (out of Ontario) is currently 3,899.
51. In Ontario, malpractice insurance is compulsory through the RCDS plan. Other provinces are considering compulsory provisions of malpractice insurance as well. To complement their malpractice insurance, comprehensive liability and office content protection is available through the "Business Package" insurance plan (General Insurance Programme).

INSURANCE AND INVESTMENT

52. Dentists presently covered by compulsory malpractice insurance may acquire additional insurance through the National-Provincial group plan up to a maximum of \$200,000 (\$500,000 inclusive).

Blue Cross - Extended Health Care

53. The following benefits have been added to and form part of the Blue Cross Extended Health Care contract, effective January 1, 1974.

(a) "Where a subscriber or dependent requires tooth extractions or attendant dental care necessitated by breakage of the teeth by a direct accidental blow to the mouth, and deterioration of the teeth, or by any other cause, the association will pay for such tooth extractions and attendant dental care to the extent that they are not provided or paid for by a government department or agency, and providing that such accident occurs following the effective date of the contract."

(b) "Nursing care by a Registered Nursing Assistant, provided in hospital when a Registered Nurse is required but is not available, providing it is ordered by the attending physician."

54. Attached as Appendix 12 is a report from Blue Cross (Ontario). There is no report from Quebec or Atlantic provinces Blue Cross as the change from a centralized Ontario based plan to a regional one has not been in force for a full year. Blue Cross Extended Health Care are provincial plans.

55. No further changes in this plan are contemplated at this time.

Loan Protection Disability Plan for Graduate Dentists

56. This insurance plan was referred to in the previous annual report as "Credit Insurance".
57. Council, at their last meeting January 31 - February 2, 1974, directed the Executive Committee to implement the Loan Protection Disability Plan (Credit Insurance). However, difficulties were encountered when it was determined that the loans which new graduates were negotiating were of the demand note type, rather than the fixed and regularly scheduled monthly repayment plan for a specific term.
58. A revised protection plan to accommodate the demand note loan was drafted by C.N.A. Assurance Co. (the underwriters) for approval by the Executive Committee and Council (Appendix 13) Brochure.
59. The administrator of CDSPI currently is negotiating with the Bankers Association of Canada for a reasonable rate of interest over prime on loans that would be universally acceptable by all the banks of Canada.

Graduate Protection Programme

60. The graduate package, in spite of the excellent insurance coverage made available at attractive rates, is not being subscribed to at an encouraging level (Appendix 14).

INSURANCE AND INVESTMENT

61. The problem is one of communication with the student bodies in the faculties across Canada.
62. Aggressive steps will be taken to resolve this situation (See Publicity, Promotion paragraph 102).
63. It should be noted that Group Life Insurance, A.I.D., General Insurance (homeowners, auto, personal liability) is also offered to the undergraduate who become student members of the CDA (membership fee \$5.00).

Insurance Plans for Auxiliaries

64. The Canadian Dental Hygienists' Association and the Canadian Dental Nurses' and Assistants' Association have indicated their intent to sponsor both Life Insurance and Disability Group Plans for their members through their own Associations.
65. Council and CDSPI have assisted their Associations in developing these plans.
66. Promotion and administration of the plans for the Associations will be accomplished by their own respective Association personnel and CDSPI.
67. The schedule of premium rates for their plans in each of the age categories is the same as that for the dentists' group plans.
68. These preferential rates on the initiation of their plans are available because they are supported by the premium stabilization reserves of the dentists' plans. This agreement is on a year to year basis and Council can cancel the agreement on the renewal dates if the underwriting experience of the auxiliaries' plans is unsatisfactory.
69. However, it is expected that after one or two years, their plans will be self-supporting with reserves of their own to stabilize their premium rate structure.

Registered Retirement Savings Plan

70. The number of participating dentists increased by 15% during the year ending in February 1974 to a total of 1,528.
71. For the same 12 month period contributions were up 21.6% to \$3,319,408.
72. The market value of the assets of the Plan at February 28, 1974 was \$16,653,548, an increase of 14.7% for the year. Approximately 72% of the total assets at market value was invested in the Common Stock Fund, 24% in the Fixed Income Fund and 4% in the Guaranteed Fund.
73. During the year an amount of \$422,986 was used to purchase annuities on behalf of 15 dentists. Payments to the estates of 5 dentists who died during the year amount to \$92,172.

INSURANCE AND INVESTMENT

74. The unit value of the three funds as of February 28, 1974 is as follows:

Common Stock Fund	\$31.09	(depreciation 0.3%)
Fixed Income Fund	14.41	(appreciation 3.8%)
Guaranteed Fund	10.72	(appreciation 6.7%)

75. CDSPI has entered into an agreement with Royal Trust to completely computerize the R.R.S. Plans. The changeover will take place during the summer months and be completed by the end of the tax year (February 1975).
76. The Guaranteed Interest Fund is not being used for its intended purpose, i.e. as a roll-over fund for dentists nearing retirement age who do not wish to be dependant on market conditions at the time. It is being used to a great extent, in to-day's fluctuating market as a transfer account to "sell high" and "buy low" as unit values change. This has greatly increased the administrative costs and also affects the possible interest earnings as monies can only be used in the short-term market.
77. The Executive Committee will recommend to Council that we negotiate with Royal Trust to establish a division of funds within this one fund in order that we may be competitive. The ability to transfer with no restriction would be left in Division "A" with whatever possible earnings could be made on a short-term basis. Division "B" would be restricted insofar as "transferability" is concerned. Funds would be locked in for certain definite periods thereby giving the participant maximum interest earnings.
78. Council is satisfied that our Plan, in today's market trend, is performing very well comparatively to other leading available funds, and that Royal Trust is capably managing the Funds' assets and is working in unison with CDSPI in the best interests of the plan participants.

CDSPI

79. Council wishes to express its appreciation and thanks to the Administrator and staff of CDSPI for its excellent co-operation and service in spite of the very heavy strain placed on this organization in the administration of our plans.
- "In Watt" Telephone Service
80. The direct line service paid for by CDSPI will provide a communication between the dentist and CDSPI, which in effect means that the dentist will be "as close to CDSPI as his phone" at no personal cost and with a minimum of inconvenience to himself. This service will commence as of September 1, 1974, and all dentists will be advised of the telephone service number.
81. At present, CDSPI has two offices, one in Montreal and the other in Toronto, both providing services with bilingual personnel.

INSURANCE AND INVESTMENT

82. CDSPI also provides the additional service of "searching" the market for the purchase of pension plans on behalf of those dentists seeking this form of retirement income.

83. Computerization of the Insurance and Investment Plans

(a) We are already in the process of computerizing our R.R.S.P. with Royal Trust. Certain improvements in our computerization of the disability plans are already under way but these cannot be developed completely until such time as we reach agreement on the general insurance programme.

(b) As we were informed by C.N.A. Assurance Co., total computerization will take approximately 18 months at a possible total cost in man hours, etc. of in the neighbourhood of \$450,000. Both C.N.A. Assurance Co. and CDSPI are investing a great deal in this effort. The programmes themselves will be the property of CDSPI on behalf of the CDA but will not be "patented" and C.N.A. Assurance Co. will have the right to apply the experience gained in establishing a similar programme on business of other Associations.

(c) Blue Cross and Medicare programmes will only be computerized after we have gained experience with the present programmes.

(d) For the present, there is no need to computerize our life programmes, since Imperial Life Insurance Co. (underwriters of our plans) have a very adequate system to provide any and all necessary statistics we require. These plans too will be locked into one computerized system as experience dictates.

(e) With the variety of plans we have, this is the only feasible method of approaching a computer programme. We are using the expertise of those most closely connected to our programmes and no so-called "computer expert" could do this for us successfully and as economically.

84. Premium Renewal Dates

(a) Because, the total premium cost of various plans could be substantial when a dentist participates in all of the plans available to him, Council asked the Administrator of CDSPI to determine whether the renewal dates of the various plans could be spread throughout the year more advantageously for the dentist.

(b) A copy of the renewal dates is attached as Appendix 15. It is apparent that the renewal dates are fairly well spaced out as they currently exist, and a change considering the 30-day grace period would not be of significant benefit.

(c) Because premium costs for life insurance can be quite substantial, Council is investigating the possibility of negotiating a semi or quarter annual premium provision with the underwriters.

Establishment of an Insurance Agency by CDSPI

85. Sponsorship of our various group insurance and investment plans has involved more than nine institutions and insurance companies. Some programmes can be handled efficiently by mail, but others at least initially, can be better handled by field representatives.

INSURANCE AND INVESTMENT

86. The problem becomes apparent. There are many agents of various companies authorized to approach the dentist membership. The income of each agent is predicted on sales. It is only natural that although the representative enters the dentist's office to sell a National/Provincial sponsored plan, he has no interest in selling the other Association plans, but in fact might openly compete with them. As the Associations enter into additional areas of coverage, the problem becomes progressively worse and will not improve.
87. The solution is felt to be the formation of an agency, loyal to CDSPI and the dental profession and bound by legal contract, which would control the sales effort and the field force. It would also mean that the dentist could discuss all insurance and investment problems with one person rather than the time consuming multi-appointment method now in vogue.
88. At their meeting on January 31, 1974, Council recommended to the Board of Directors of CDSPI that they study the feasibility and desirability of establishing an insurance agency, controlled and supervised by the dental profession insofar as such may be controlled under provincial insurance acts, and that if such was found to be both feasible and desirable, it be implemented as soon as possible.
89. Several meetings were arranged by CDSPI with legal counsel, which Council Chairman attended, to explore the recommendation made by Council.
90. It has been recently established that CDSPI cannot form its own agency with members of the dental profession as directors, because of a "conflict of interest" situation enunciated in the by-laws of provincial insurance acts.
91. However, it now appears that CDSPI could legally enter into a management agreement with a "captive agency" by encouraging a "MR. X" to obtain an insurance agent's license prior to entering into any agreement with CDSPI. This agent's income would be derived from commissions on sales on our insurance plans and on annuities. CDSPI would enter into a contract with our "captive agency" which would confine it, when dealing with members of the profession, solely to the sale of all our sponsored programmes. CDSPI would also provide, under contract, the essential administrative and accounting services for the agency.
92. Initially, it would be a one-man agency, a "Mr. X" who would serve solely as a public relations man for the Association, attending society and all association clinics and conventions, speaking to groups of dentists, contacting student bodies, etc.
93. Eventually, as revenues accrued from commissions, the "one-man" agency would grow into an expanded field force to more completely service the profession's needs on all advisory and sales services.

94. The present carriers (insurance companies) of our group plans have indicated that their agency personnel would work in close co-operation with CDSPI's agency when it is founded.

Publicity and Promotion

95. The Chairman of the Publicity Committee has continued to provide a series of excellent articles on CDA insurance and investment plans which have appeared currently in the CDA Journal.
96. CDSPI was asked by Council to produce and distribute a quarterly annual booklet containing information on the plans and other associated matters to the members of the profession. One booklet has been published of excellent content and quality and it is planned that this service be continued on a regular basis.
97. Several of the individual promotional brochures and related literature describing the coverage content and rate structure of the individual group insurance plans are being re-designed and updated.
98. A new, updated and fully comprehensive brochure binder outlining the details of coverage content and rate structure of all our Group Insurance and Investment Plans presently being sponsored will be completed shortly and copies will be distributed to all dentists as soon as possible.
99. The ODA has produced an excellent pamphlet on the National/Provincial Group insurance and investment plans which would be available through voluntary membership in the ODA. This pamphlet will be included in a membership promotional folder.
100. Council reviewed the first of two planned films for the promotion of the National/Provincial Insurance and Investment Plans. The first film, available both in English and French, concentrated on the need for the dentist to have adequate financial protection and the types of plans that are available. It is hoped the second film will provide details about the various plans. The first film is available for viewing by any dental group, and to date has seen considerable usage.
101. The implementation of a dental orientated and controlled agency will improve the communication between Council, CDSPI and the dentists in dealing with all problems on insurance programming, and marketing. See paragraphs 85 to 94 re "Establishment of an Insurance Agency by CDSPI".
102. The utilization of C.N.A. Insurance Co.'s agency force should very significantly improve the marketing of the General Insurance Package (see paragraph 48).
103. Many of the Council members, and the Administrator of CDSPI to even a greater extent, have made several presentations on the insurance and investment plans to various dental societies and dental colleges across Canada.

INSURANCE AND INVESTMENT

104. A special task force, composed of representatives (P.R. personnel) from all the insurance carriers and investment companies who underwrite our plans, and including the Council Chairman and the Administrator of CDSPI, has been formed, and its purpose is to formulate a two-year co-ordinated and intensive plan for promotion of our insurance and investment plans, with emphasis to be placed on communication with the undergraduate dental students and new graduates.
105. Council is planning an "educational program" on insurance and investment which will be part of the regular program at the forthcoming CDA Convention in October.

COUNCIL BUDGET FOR YEAR 1975

106. The standing budget for the year 1974 for all of Council's activities, including business costs, travel and accommodation expenses of Council members is \$6,400. There are three issues related to the need for an increase in Council budget:
 - (a) inflationary costs to previously included budgetary expenses
 - (b) increased management and business activities of Council as related to the growth of the insurance and investment programs,
 - (c) the need for expanded secretarial service to Council and its Executive Committee.
107. It is estimated that the budget related to item 106 (a and b) should be increased by 10%.
108. Secretarial Services (item 106-c). By the very nature of Council business, on a day to day basis of management and decisions to be made, it is practical to consult with and utilize the facilities of CDSPI and its staff for on-going secretarial services. The utilization of CDA staff secretarial services as the alternative means would necessitate the duplication of the Chairman's activities in relating all day-to-day business, correspondence, etc., to CDA personnel to effectively inform them of Council activities and in order that they could effectively expedite Council's directives and requisites.
109. Council, however, will by summary report keep the CDA Executive Director (Dr. W.G. McIntosh) currently informed of Council and Executive Committee activities.
110. It is proposed that the secretarial services be obtained through CDSPI staff personnel. An estimate cost for these services, including stationery, mailing and postage would be approximately \$3,500. (*see Board comment following para. 112*)
111. The chairman will report further on the issue of providing secretarial services at the forthcoming CDA Board of Governors meeting (Fall 1974).

INSURANCE AND INVESTMENT

112. A proposed budget for 1975 for the CDA Board of Governors to consider, taking into consideration the issues (106 a,b,c) would be approximately \$10,500.

The Board was informed that the Chairman of the Council had presented revised 1975 estimates of expenditures for the Council on Insurance and Investment to the Treasurer.

SUPPLEMENTARY REPORT

113. There will be a supplementary report following the Council meeting in August 1974.
114. The Chairman will submit a report to the CDA Board of Governors on the following issues:
- (a) Council Budget - re secretarial service
 - (b) General (Casualty) Insurance Programme re:
 - (i) appointment of an agency
 - (ii) plan improvements
 - (c) Paid Up Insurance (Insurance Bank) Plan - re a possible replacement programme or changes in the present plan.
 - (d) Group Life Plan - re increasing limits to \$200,000 and extended age limits.
 - (e) CDSPI Agency - re formation of.
 - (f) Graduate Loan Disability Plan - re negotiation of a bank loan rate.
 - (g) Eligibility - status statement re eligibility for participation in plans.
 - (h) Council Representation - re recommendations to the CDA Task Force and CDA Board of Governors.

115. Council held a meeting on August 23-24, 1974.
116. All recommendations in this supplemental report were endorsed by Council. Motions supporting these recommendations are duly recorded in the Minutes of the Council's August 23-24, 1974 meeting. In the following report the references in brackets (e.g. "ref. para. 18(b)) refer to paragraph numbers in this annual report to the Board.
117. Paragraphs 113 and 114 of the original report refer to this supplementary report and to the items to be included in it. The following report details the recommendations of Council to the Board of Governors for consideration and endorsement, in addition to those recommendations which appear in the first part of this annual report.

GROUP LIFE PLAN

118. Council recommends that the maximum individual limit be increased from \$150,000 to \$200,000 (ref. para. 18(a)).
119. Council recommends that there be a quarterly and/or semi-annual premium payment provision, and that there be a reasonable surcharge added to quarterly and semi-annual premium payments. The premium for those members who remit on an annual basis would remain unchanged. (ref. para. 84(c)).
120. Council recommends that limited term insurance coverage be extended for participants up to age 80 as follows: (ref. para. 18(b))

Maximum \$25,000	-	age 66-70
Maximum \$12,500	-	age 71-75
Maximum \$ 5,000	-	age 76-80

LIFE TERM INSURANCE ESCALATION FEATURE

121. Council has recommended that the CDA Board of Governors endorse a new escalation feature to the term life program. Council is concerned that the life insurance portfolio of members is not adequately keeping pace with the inflationary devaluation of our dollar.
122. Accordingly, the new escalation feature in the life plan would provide increments of additional insurance based on a percentage of the basic amount of term insurance that a member currently holds in the group plan.
123. Essentially, it would mean that on renewal dates and not necessarily on each and every renewal date members would automatically be offered additional term life insurance (same premium rate structure). The member would automatically be billed at the renewal date for the additional coverage. However, it would be his prerogative to refuse the additional coverage. It is understood that no medical evidence

of health would be required during the "open enrolment" periods when additional insurance is offered, and also that the specific year in which the "open enrolment" period occurs and the percentage increment to be offered would be at the discretion of Council based on the claims' experience and the current reserves in the plan to ensure the continued success of the life plan.

124. The agreement with the carrier would not be part of the master contract but would be contained in a "letter of intent" affixed to the master contract similar to the "cost of living index" feature available in the group disability plan.
125. Council recommends that the master contract make provision for future maximum individual limits of coverage for participants up to \$400,000.
126. Council recommends that a new master contract be negotiated and finalized to include the additional features and provisions for extended limits (see paras. 118 - 125 above).

127. RESOLVED

that Council be authorized to negotiate a new Group Life Master Contract to include the following improved features:

- (1) individual limit be increased from \$150,000 to \$200,000;
- (2) optional provision for quarterly and/or semi-annual premium payments with corresponding surcharge;
- (3) limited extension of term insurance coverage up to age 80:

maximum \$25,000.	-	age 66-70
maximum \$12,500.	-	age 71-75
maximum \$ 5,000.	-	age 76-80
- (4) provision for future maximum individual limits of coverage up to \$400,000;
- (5) optional provision via letter of intent for escalation feature outlined in para. 121-124 above

Adopted

PAID-UP INSURANCE (Bank Insurance Plan)

128. Council recommends that the Bank Insurance Plan be cancelled on a national/provincial group basis because of extremely poor acceptance by the members and because of the difficulty in explaining this type of insurance (ref. para. 27-28).
129. As substitute life coverage in the upper age groups (that is, over age 65), it has been recommended by Council that the basic group term

life plan be extended to age 80 in limited amounts of coverage (see para. 120 above).

130. A letter will be sent to those members presently participating in the plan, or to those who should make application for enrolment in the future, explaining the reasons for the cancellation of the group Bank Insurance Plan and the options open to them at that time. It will also suggest alternative life coverage to replace this plan (see para. 120 above).

131. RESOLVED

that the national/provincial Bank Insurance Plan be cancelled.

Adopted

GENERAL INSURANCE (Casualty Program)

132. Council endorses the action taken by the Chairman in dismissing Marsh and McLennan Ltd. as the agency for the General Insurance Program for the reasons stated in the Chairman's annual report (ref. para. 44-47).
133. Council recommends that specific designated agents of the CNA Assurance Co. comprise the agency force to promote, market and service the general insurance program in conjunction with CDSPI. The specific guidelines for regional appointment and control of this agency force have been approved by Council (ref. para. 48) (see Appendices 16 and 17)
134. Council recommends that the new Homeowners Plan be marketed as soon as possible. The details of coverage in the plan are provided in Appendix 18 (ref. para. 49)
135. Because of the many factors, which include provincial government regulations as well as compulsory provincial plans, and low cost direct sale insurance by non-agency companies, automobile insurance is difficult to market on a competitive basis equally in each province. Council feels that the rates in our plan are competitive in many areas and therefore recommends that automobile coverage remain available to those members who wish it.
136. No changes are recommended for the Special Office (Business) package plan. The present coverage is excellent and the rates are very attractive.
137. Council has recommended that the Executive Committee of Council proceed with the development and implementation of the proposed "umbrella insurance" coverage. This plan provides additional liability insurance, both professional and personal, with limits up to \$1,000,000. The "umbrella" concept implies that the additional coverage which a member would apply for and obtain would be one million dollars less the total amount of liability insurance coverage which he already has in other insurance plans.

138. RESOLVED

that the Board approve:

- (1) promotion, marketing and service of the general insurance program be done by designated agents of the CNA Assurance Co. operating under the guidelines set out in Appendix 17;
- (2) the new Homeowners Plan be marketed as soon as possible;
- (3) the development and implementation of the proposed "umbrella insurance" coverage.

Adopted

LOAN PROTECTION DISABILITY PLAN

139. Council recommends the implementation of the revised plan to conform with bank loan agreements (ref. para. 56-58).
140. Negotiations are continuing with the Bankers Association of Canada for a reasonable rate of interest over prime on loans that would be universally acceptable by all Canadian banks.

141. RESOLVED

that the revised loan protection disability plan (see para. 56-58) be implemented.

Adopted

REGISTERED RETIREMENT SAVINGS PLAN

142. Council recommends that the Guaranteed Fund be divided into two sections in order to administer this fund to better advantage for participants as proposed in the Chairman's report (ref. para. 76-77).

143. RESOLVED

that the Guaranteed Investment Fund be divided into two sections (see para. 76-77).

Adopted

RETENTION AGREEMENTS (ref. para. 14-16; 38-41)

144. RESOLVED

- (1) that the stabilization reserve funds be turned over to CDSPI for deposit in a Trust Fund on behalf of CDA;
- (2) that CDSPI be given power of attorney to act in the name of the Association in all matters pertaining to those plans under your jurisdiction, and only upon direction from Council and/or its Executive Committee;

- (3) that all surplus/retention monies be turned over to CDSPI and placed in trust accounts labelled appropriately "Canadian Dentists Life Trust" or Disability Trust", whichever is applicable;
- (4) that the signing authorities be established as any two of the following; the chairman, two members of your Executive Committee, and the General Manager of CDSPI;
- (5) that all four named be bonded to a minimum of \$500,000. by CDSPI; the cost to be charged to the funds;
- (6) that an annual report of the stewardship be presented to the Council;
- (7) that the funds be administered in strict accordance with our contracts with the companies in respect to necessary reserves;
- (8) that expenditures/withdrawals made from the funds can only be made by unanimous approval, in writing, of all four signatories to the fund. In the event unanimous approval cannot be obtained, no withdrawal to be made without a majority vote of Council;
- (9) that the investment of these funds in order to obtain the maximum return for the profession be left to the discretion of the Executive Committee, in consultation with the General Manager of CDSPI.

RESOLVED

that paragraph 4 of the preceding resolution be amended to read:

"(4) that the signing authorities be established as any two of the following: the chairman, two members of the executive committee of the CDA Council on Insurance and Investment, and the General Manager of CDSPI" and

that paragraph 9 of the preceding resolution be amended to read:

"(9) that the investment of these funds in order to obtain the maximum return for the participants be left to the discretion of the executive committee in consultation with the General Manager of CDSPI" and

that a new sub-section 10 reading as follows be added:

"(10) that Council prepare guidelines to cover the investment policy of these funds."

INSURANCE AND INVESTMENT

The following amended resolution is presented:

RESOLVED

- (1) that the stablization reserve funds be turned over to CDSPI for deposit in a Trust Fund on behalf of CDA;*
- (2) that CDSPI be given power of attorney to act in the name of the Association in all matters pertaining to those plans under its jurisdiction and only upon direction from Council and/or its executive committee;*
- (3) that all surplus/retention monies be turned over to CDSPI and placed in trust accounts labelled appropriately "Canadian Dentists' Life Trust" or "Disability Trust", whichever is applicable;*
- (4) that the signing authorities be established as any two of the following: the chairman, two members of the executive committee of the CDA Council on Insurance and Investment, and the General Manager of CDSPI;*
- (5) that all four named be bonded to a minimum of \$500,000 by CDSPI, the cost to be charged to the funds;*
- (6) that an annual report of the stewardship be presented to the Council;*
- (7) that the funds be administered in strict accordance with our contracts with the companies in respect to necessary reserves;*
- (8) that expenditures/withdrawals made from the funds can only be made by unanimous approval, in writing, of all four signatories to the fund. In the event unanimous approval cannot be obtained, no withdrawal to be made without a majority vote of Council;*
- (9) that the investment of these funds in order to obtain the maximum return for the participants be left to the discretion of the executive committee in consultation with the General Manager of CDSPI.*
- (10) that Council prepare guidelines to direct the investment of these funds.*

Adopted

INSURANCE AND INVESTMENT

145. During the August meeting, Council authorized the Executive Committee to utilize limited funds derived from the interest on retention moneys solely for the promotion of the National-Provincial Plans.

TASK FORCE REPORT

146. Council also endorsed its Executive Committee's comments on the Task Force study with respect to the member composition of the Council on Insurance and Investment, and further that the concept of provincial advisors be strongly recommended. (ref. para. 9-10)

CDSPI AGENCY

147. Council has endorsed the implementation of a "captive" agency force operating on a contractual agreement with CDSPI. The Administrator of CDSPI reported that, subject to ratification by CDSPI Board of Governors, this agency would become operational early in the fall of 1974 (ref. para. 85-94).
148. Due to the changes envisaged in the relationship between the Canadian and the Provincial Associations, it becomes necessary to amend the Master Contracts to conform to this new relationship and to ensure that no dentist may suffer termination of his essential insurance coverages.
149. The amendments as listed below will ensure that no dentist's coverage may be cancelled due to any change in qualifications for membership, and also that he will not be able to obtain increased amounts of coverage without satisfying the membership qualifications of either the Canadian and/or his provincial dental association:

(a) Amendments to Master Contract 1,850,828: Disability Coverage:

- Page 1, "Definitions" be amended to read:
"The Holder(s) for the purpose of this policy shall read: The Canadian, Alberta, Manitoba, Ontario, Nova Scotia, Newfoundland Dental Associations, the College of Dental Surgeons of British Columbia, the College of Dental Surgeons of Saskatchewan, l'Ordre des Dentistes de Quebec, L'Association des Chirurgiens-Dentistes du Quebec, the New Brunswick Dental Society, the Dental Association of Prince Edward Island, and/or any other dental body as may be named by the Holders".
- Page 1, "Eligible Members" be amended to read:
"Eligible members are those persons who are engaged in the practice of dentistry, or related occupations, and are at the time of application members in good standing of the Holder(s) and are under the age as prescribed in the Master Contract".
- Part 12, "Individual Terminations" be amended to read:
"(c) On the date the insured ceases to be eligible for membership".

(b) Amendments to Life Master Agreement:

Page 1 be amended to read:

"BETWEEN: The Imperial Life Assurance Company of Canada (hereinafter called the "Company")

AND The Canadian, Alberta, Manitoba, Ontario, Nova Scotia, Newfoundland Dental Associations, the College of Dental Surgeons of British Columbia, the College of Dental Surgeons of Saskatchewan, l'Ordre des Dentistes de Quebec, L'Association des Chirurgiens-Dentistes du Quebec, the New Brunswick Dental Society, the Dental Association of Prince Edward Island, and/or any other dental body as may be named by the Holders (hereinafter called "The Association(s)").

Paragraph 3(11) be amended by deleting the words "which is a corporate member of the Association".

"SCHEDULE OF INSURANCE" be amended as follows: "Class 2" delete "Employees of the Canadian Dental Association or corporate provincial dental association" and insert: "Employees of the Association".

Page 3 be amended by deleting the paragraph "If a provincial dental association ceases to be a corporate member-----becomes a member or student member of the Canadian Dental Association", and inserting:

"Further amounts of insurance shall not be provided to those individuals who do not retain membership in their "Association".

RESOLVED

that the name "L'Association des Chirurgiens-Dentistes du Quebec" be used in the Master Contract 1,850,828: Disability Coverage and Life Master Agreement.

Adopted

150.

Master Contract 1,850,828: Disability Coverage
RESOLVED

- (1) that the amendment to page 1 "definitions" as detailed in para. 149(a) be approved.
- (2) that the amendment to page 1, "eligible members" as detailed in para. 149(a) be approved.
- (3) that the amendment to part 12, "individual terminations" as detailed in para. 149(a) be approved.

INSURANCE AND INVESTMENT

On motion from the floor:

RESOLVED

that the resolution in paragraph 150 be amended by the addition of clause (4) reading as follows:

"that all contracts conform to this established format."

Adopted

The following amended resolution is presented:

RESOLVED

- (1) that the amendment to page 1 "definitions" as detailed in para. 149(a) be approved; and*
- (2) that the amendment to page 1 "eligible members" as detailed in para. 149(a) be approved; and*
- (3) that the amendment to part 12 "individual terminations" as detailed in para. 149(a) be approved; and*
- (4) that all contracts conform to this established format.*

Adopted

151.

Life Master Agreement:

RESOLVED

- (1) that the amendment to page 1 as detailed in para. 149(b) be approved.*
- (2) that the amendment to paragraph 3(11) as detailed in para. 149(b) be approved.*
- (3) that the amendment to "Schedule of Insurance" as detailed in para. 149(b) be approved.*
- (4) that the amendment to page 3 "substitution of paragraph" as detailed in para. 149(b) be approved.*

Adopted

The Board recommends that in order to inform CDA members of the productive work of the Council on Insurance and Investment the Council summarize its report for circulation, if this is economically feasible.

The Council is commended for its extensive work throughout the year.

INSURANCE AND INVESTMENT

Appendix 1 (a)

(C O P Y)

LETTERHEAD OF THE CANADIAN DENTAL ASSOCIATION

February 19th, 1974.

Memo To: Presidents and Secretaries of Corporate Members.

From: C.D.A. Executive Committee,
Council on Insurance & Investment.

Subject: Representation on Council on Insurance & Investment.

With the increased interest and participation in all C.D.A. Insurance and Investment Plans during the past two or three years, the Council on Insurance and Investment has been fully aware that there has developed a similar desire on the part of the provinces to participate more fully in the deliberations of Council.

During the past two years invitations have been extended to all provinces to send representatives to Council meetings and these representatives have been encouraged to participate fully in the discussions that ensued. Council intends to continue this practice.

While this partly solves the problem of communication there appears to be an increasing desire for more formal participation and representation. This, of course, would require an increase in the number of members now serving on this Council, as well as appropriate changes in the By-Laws which would permit this.

On motion from Council, the Executive Committee of Council has been asked to investigate the matter further, and has been charged with the responsibility of approaching each province for an expression of views concerning present and future representation on the Council on Insurance & Investment.

Whenever consideration is given to the expansion of any Council or Committee, there is always fear that efficiency will decrease and costs will increase and this fear is well founded.

Council feels, however, that with the establishment of an Executive Committee structure within Council, that can deal with the day to day business, that it is possible to expand Council within reasonable limits and not seriously impair efficiency or unduly increase costs.

In any case, Council at this point would very much like to have as much input from the provinces as possible, so that appropriate recommendations can be made to the Task Force and the C.D.A. Board of Governors. Council would like to know whether or not you favour an expanded Council with wider representation, and if so, what type of representation you would like to see. Any other suggestions or comments you have will be most welcome.

Appendix 1 (a)

Since there is some urgency in this matter, your early response will be much appreciated.

Please send all replies to:

Dr. D.C. Way,
353 Queen's Avenue,
London,
Ontario.

/pd

Appendix 1 (b)

PRELIMINARY REPORT TO THE C.D.A. TASK FORCE ON COUNCIL REPRESENTATION

1. With reference to the 1973 annual report of the CDA Council on Insurance and Investment (items 45, 46, 47) a memorandum (Appendix 1(a)) was sent to all Presidents and Secretaries of Corporate Members. Replies were received from British Columbia, Ontario, Nova Scotia, Prince Edward Island and Alberta. (Reply from Ontario - Appendix 1 (c))
2. British Columbia appeared satisfied with present representation. Prince Edward Island also appeared satisfied with present representation. Nova Scotia was not prepared to make any recommendations. Alberta's response was it seems a response on the part of the Executive-Director whose opinion apparently is not shared by the President of the Alberta Dental Association, but no recommendation for change was received from the President.
3. The only recommendation for any change came from the Insurance Committee for the Ontario Dental Association. No response was received from the remaining provinces.
4. The restructuring of this Council to provide a more direct liaison with the provinces has in the past been discussed on numerous occasions by Council. The response to the memorandum however would seem to indicate that with the exception of Ontario and perhaps Alberta there is no major dissatisfaction with the present structure of Council.
5. The response to this memorandum has not yet been considered by Council but the matter was discussed in detail at a recent meeting of the Executive Committee of Council.

Appendix 1 (b)

6. The recommendation of the Executive Committee to Council is that no change be made in the structure of Council except the addition of one more representative from Quebec. The Council would then be composed of eight members rather than seven, i.e. Ontario 3, Quebec 2, Atlantic Provinces 1, Prairie Provinces 1, B.C. 1. In addition, it is recommended by the Executive Committee that each province have the option of sending one representative, but only one, at its own expense, to meetings of Council. These individuals would be advisors and could take an active part in Council business by serving on sub-committees at the discretion of the chairman. It would seem that this would be a very effective way of establishing close liaison with the corporate members. The Executive Committee would like to see the concept of provincial "advisors" as outlined above, formalized so that this would no longer have to be done on a meeting-to-meeting invitation basis as in the past. It is recognized that the "advisors" would have no vote on Council but they would have full freedom of participation at Council meetings and there is no doubt that their participation would be most effective in any and all deliberations of Council. With respect to the recommendations received from Ontario, it is the feeling of the Executive Committee that Ontario with three members out of seven on Council, has ample opportunity within the present structure to nominate individuals to serve on this Council who will be acceptable to the Ontario Dental Association.
7. It should be pointed out that a member serving on any CDA Council is responsible first of all to the CDA Board of Governors which represents dentists in all provinces. Any member of a CDA Council is obviously going to attempt to represent the members in the province of his origin to the best of his ability but his final decision must consider the problem as it applies to all CDA members. This decision at times naturally may be in conflict with the views of the members of his own province. It follows, therefore, that an "advisor" would have the obvious advantage of having more freedom to introduce and discuss problems and possible solutions as they apply specifically to the members in his own province.
8. As mentioned previously, the foregoing is a recommendation of the Executive Committee to Council. At the next meeting of Council, this matter will receive further consideration.

INSURANCE AND INVESTMENT

Appendix 1 (c)

(C O P Y)
LETTERHEAD OF THE ONTARIO DENTAL ASSOCIATION

May 22nd, 1974

CDA Council on Insurance
234 St. George Street
Toronto, Ontario

Gentlemen:

At a recent meeting of the ODA Insurance Committee, the following recommendation was made:

"It is felt that a presentation should be made to the CDA Task Force pointing out that the men on the CDA Insurance and Investment Council are elected by the CDA Board, and do not have communications with their provincial Insurance and Investment Committee, nor any obligation to communicate.

Further, this situation renders a co-operative effort impossible; thus it is felt that the ODA Insurance Committee should suggest and/or recommend that members of the CDA Council on Insurance be appointed by the various provinces or regions from their own Insurance Committees, plus as many CDA governors as deemed necessary.

This is not to be misinterpreted as criticism of the CDA Insurance Council who, for the last few years, have recognized this problem, and attempted to overcome it by inviting observers from the Province's Insurance Committees to attend their sessions.

We are very grateful for the opportunity to listen to the sessions, but feel that Dentistry would be better served in this area by men from Provincial Insurance Committees with an opportunity to debate and vote."

Sincerely,

Copies to: Dr. Hugill

(Signed) R.M. Beyers

INSURANCE AND INVESTMENT

(C O P Y)

Appendix 2 (a)

CANADIAN DENTAL ASSOCIATION
LIFE INSURANCE PLAN
G 2596

Statement of Retention: 1 December 1972 to 30 November 1973

Submitted by The Imperial Life Assurance Company of Canada, the insurer, and Laurier Life Insurance Company, the reinsurer.

Premium Received	303,424.09
Retention	45,513.61
Catastrophic Risk Charge	1,517.12
Contingency Reserve	<u>6,068.48</u>
	53,099.21
Claims	80,000.00
Claims Reserve	- <u>50,000.00</u>
	30,000.00
Reserve for Level	
Premium Payment (increase)	24,194.60
Reserves at 30 November 1972	244,323.78
Interest on Reserves	18,395.24
Rate Stabilization Reserve	
at 30 November 1973	458,849.30

This statement applies to that portion of the coverage up to \$50,000.00 on any one life.

28 January 1974

(Signed) A.D. McFarlane
A.D. McFarlane, F.S.A., F.C.I.A.
Department Head, Group Actuarial
The Imperial Life Assurance Company
of Canada

Reserve Basis
58 CSO 3% - N.L.P.
Term to 65

INSURANCE AND INVESTMENT

Appendix 2 (b)

CANADIAN DENTAL ASSOCIATION LIFE INSURANCE PLAN G 2596

I. Summary of Claims for the period 1 December 1972 to 30 November 1973

	<u>Amount</u>
Total	\$130,000.00
Less Pooled Amount	50,000.00
Amount Exhibited	\$ 80,000.00

II. Summary of Experience to Date (30 November 1973)

	<u>Pre- 1 Dec. '72</u>	<u>1 Dec.'72 to 30 Nov. '73</u>	<u>TOTAL</u>
Premium Received	655,267.28	303,424.09	958,691.37
Retention	98,290.09	45,513.61	143,803.70
Catastrophic Risk Charge	None	1,517.12	1,517.12
Contingency Reserve	13,105.35	6,068.48	19,173.83
Claims	205,000.00	80,000.00	205,000.00
Claims Reserve	50,000.00	-50,000.00	None
Reserve for Level Premium Payment	50,031.65	24,194.60	74,226.25
Interest on Reserves	5,483.59	18,395.24	23,878.83
Rate Stabilization Reserve	244,323.78	214,525.52	458,849.30

REPORT RE: INCREASING C.D.A. STANDARD ISSUE TO 200% MORTALITY

1. According to a study completed by the Canadian Life Insurance Association, a total of 97% of all individual life applications were accepted. Of the 3% that were declined, 30% were rejected because of heart disorders, 25% because of other serious health problems and the rest for non-medical reasons.
2. Of all the individual life policies bought by Canadians, only 5% were extra risk. A C.L.I.A. study shows that 29% were because of heart disease, 12% because of weight problems, 30% because of other physical impairments and 29% for non-medical reasons.
3. As can be seen by the preceding paragraphs, only about 4.85 lives per 100 are approved on a sub-standard basis. This can be further reduced by excluding the occupational risk, which accounts for 16% of sub-standard issues, the net result being 4.08 lives per 100.
4. In order to demonstrate the effect of increasing the acceptable limits of risks from 135% mortality to 200% mortality, one must view the underwriting spectrum in general terms. The following areas of consideration are of prime concern in underwriting life risks and ones wherein certain lives might be included as insurable risks if acceptable mortality were increased to 200%.
 - (1) Circulatory - Cardiovascular
 - arteriosclerosis
 - hypertension
 - chest pain
 - electrocardiogram abnormalities
 - heart murmurs
 - (2) Gastrointestinal - Genitourinary
 - ulcers
 - gall bladder disorders
 - hernias
 - bladder disorders
 - kidney disorders
 - (3) Neurological - Psychiatric
 - epilepsy
 - convulsive disorders
 - paralysis
 - psychoneurosis
 - vertigo

INSURANCE AND INVESTMENT

Appendix 3 (a)

- (4) Respiratory
 - bronchiectasis
 - TBC
 - emphysema
 - (5) Tumors
 - certain malignant tumors
 - also non-malignant tumors
5. The preceding examples are not intended to be interpreted as risks which would become insurable, should acceptable mortality be increased to 200%. All that is being suggested is that there will be a greater possibility of including some of these risks because of the increased acceptable mortality. It would be impossible to list specific impairments which would fall into the 200% mortality group simply because there are many factors taken into consideration in assessing any risk. Some of these factors are: age of applicant, length of time since treatment, the extent of the problem, etc.
6. I would guesstimate that the effect of increasing mortality to 200% would include less than 2 additional lives per 100 underwritten.

Appendix 3 (b)

Canadian Dental Association - Revised Criteria for Standard Issue

Build

For a male between the ages of 20 and 45 the maximum weight acceptable without an extra premium (assuming no other impairment).

<u>Old Basis</u>	<u>New Basis</u>
5'6" - 205	5'6" - 240
5'8" - 215	5'8" - 250
5'10" - 227	5'10" - 266
6'0" - 239	6'0" - 280
6'2" - 251	6'2" - 294
6'4" - 266	6'4" - 310

Blood Pressure

For a male between the ages of 46 and 55 the maximum untreated blood pressure acceptable without an extra premium (assuming no other impairment).

INSURANCE AND INVESTMENT

Appendix 3 (b)

<u>Old Basis</u>	<u>New Basis</u>
140/94	140/102
145/91	145/101
150/88	150/98
	160/93
	170/88

Diabetes

On the old basis all diabetics required an extra premium. Now well-controlled diabetics with age, at onset of the disease, 40 or more, may be accepted without an extra premium (assuming no other impairment).

Scuba Diving

Well-trained individuals who participate in scuba diving as an avocation required an extra premium if going to depths of more than 50 feet; now such divers going to depths of up to 100 feet may be taken without any extra premium.

Sky Diving

Similarly, qualified sky divers jumping with an organized club not more frequently than two or three times a month may be taken without an extra premium.

INSURANCE AND INVESTMENT

Appendix 4 (a)

	<u>1 Dec. 1972</u>		<u>Additions</u>		<u>Deletions</u>		<u>30 Nov. 1973</u>	
	<u>Number</u>	<u>Volume</u>	<u>Number</u>	<u>Volume</u>	<u>Number</u>	<u>Volume</u>	<u>Number</u>	<u>Volume</u>
B.C.	423	14,484,000	107	4,610,000	19	530,000	511	18,564,000
Alta.	311	10,207,500	74	2,955,000	16	392,500	369	12,770,000
Sask.	82	2,496,000	14	610,000	6	145,000	90	2,961,000
Man.	53	1,965,000	23	845,000	3	75,000	78	2,735,000
Ont.	2073	73,021,000	527	18,042,000	97	2,529,500	2503	88,533,500
Que.	292	10,017,500	113	5,089,500	14	276,000	391	14,831,000
N.B.	47	1,722,000	19	845,000	2	115,000	64	2,452,000
P.E.I.	16	490,000	5	165,000	4	100,000	17	550,000
N.S.	73	2,044,500	30	687,500	7	210,000	96	2,522,000
Nfld.	20	677,000	10	365,000	1	25,000	29	1,017,000
N.W.T.	-	-	1	50,000	-	-	1	50,000
U.S.	24	920,000	4	100,000	1	25,000	27	995,000
Foreign	12	325,000	1	25,000	1	25,000	12	325,000
Total	3431	118,369,500	928	34,389,000	171	4,448,000	4188	148,310,500

INSURANCE AND INVESTMENT

Appendix 4 (b)Canadian Dental AssociationG 2596at 30 November, 1973.

<u>Age</u>	<u>Amount</u>	<u>Certificates</u>	<u>Aver. Cert.</u>
16-20	20,000	2	10,000
21-25	5,939,000	295	20,132
26-30	41,419,500	1,289	32,133
31-35	33,741,000	821	41,097
36-40	23,034,000	518	44,467
41-45	17,790,500	420	42,358
46-50	13,672,000	382	35,790
51-55	8,495,000	277	30,667
56-60	3,252,000	129	25,209
61-65	835,000	44	18,997
66-70	112,500	11	10,227
	<u>148,310,500</u>	<u>4,188</u>	<u>35,413</u>

of certificate holders up to and including \$50,000 - 3,155

of certificate holders over \$50,000 - 1,033

INSURANCE AND INVESTMENT

Appendix 5

(C O P Y)
LETTERHEAD OF THE CNA ASSURANCE COMPANY
160 Bloor Street East, Toronto

October 15th, 1973

Canadian Dental Association

RE: Master Policy #1,850,828
Letter of Intent

I PRIMARY OCCUPATION - Teaching, Lecturing or Administration

- (a) It is our intention that an Insured Dentist who, at the commencement of a period of disability, is engaged on substantially a full time basis in (a) Teaching of dentistry, or (b) lecturing on the subject of dentistry or (c) administration of dentistry; would be considered to have suffered total or partial disability while completely unable by reason of injury or sickness to engage in teaching or lecturing or administrative activities in which he was engaged at the commencement of the disability provided that an Insured Dentist shall be deemed not to be totally disabled if he is employed for a wage or profit.
- (b) Rehabilitation benefits as defined in the Master Policy are applicable to the Dentist who prior to the commencement of total disability was engaged on substantially a full time basis either in the practice of dentistry or the teaching of dentistry, lecturing on dentistry or in the administration of dentistry.

II SOLE OCCUPATION - Practice of Dentistry

In addition we intend to classify (a) teaching of dentistry, (b) lecturing on the subject of dentistry, (c) administration in dentistry, as Rehabilitative Employment for an Insured Dentist who by reason of injury or sickness is completely unable to engage in the practice of dentistry in any form and whose primary occupation was the practice of dentistry in a private or group practice at the commencement of the period of Total or Partial Disability.

III PRIMARY OCCUPATION - The Practice of Dentistry
(but having a secondary occupation requiring a Dental License)

In the event an Insured Dentist who in addition to the practice of dentistry is also engaged in a secondary occupation the practice of which requires a licence to practice dentistry (e.g. teaching, lecturing, administration) is unable to practice dentistry by reason of injury or sickness which does not however prevent him from performing his secondary occupation, such Dentist will be eligible to receive the total disability benefits provided by his certificate less 50% of his earnings from his secondary occupation.

Appendix 6

(C O P Y)

LETTERHEAD OF THE CNA ASSURANCE COMPANY
160 Bloor Street East, Toronto

October 15, 1973

Canadian Dental Association

RE: Master Policy #1,850,828
Letter of Intent

It is our intention that a Cost of Living adjustment will be made on the Group Income Protection program on the following basis:

Cost of Living adjustments under the Canada Pension Plan or the Quebec Pension Plan will be monitored by CNA/assurance each year commencing January 1st, 1974. When the Cost of Living Index has increased in total by a minimum of five percent (5%) since any prior adjustment in pension benefit levels, an equivalent percentage increase in monthly indemnity payable for total disability will be added to the benefits payable under individual group certificates in force on the effective date of the said Cost of Living Adjustment. The increase in benefit will result in a corresponding increase in renewal premium to the individual insured members which will be automatically included in their current and subsequent renewal billings.

Any and all Cost of Living adjustments will become effective January 1st of the appropriate year.

Any adjustment in benefits as a result of this clause will apply to all insureds including those on claim on the effective date of the adjustment, but in no event will further adjustments be made after the Master Policy has been terminated.

(Signed) J.E. Stephens
President

ANNUAL RENEWAL PREMIUM PER \$100.00 OF MONTHLY OFFICE OVERHEAD EXPENSE INDEMNITY

The annual renewal premium shall be based on the rates shown in the following table, according to the attained age of the Insured on the renewal premium due date, and according to the applicable Elimination Period.

Elimination Period	Under	Ages	Ages	Ages	Ages	Ages	Ages	Ages	Ages	Ages	
Accident	Sickness	Age 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
(A) 14 Days	14 Days	10.25	10.65	11.30	12.50	15.25	18.90	23.25	28.60	35.20	43.55
(B) 30 Days	30 Days	8.85	9.20	9.80	10.45	12.10	15.60	19.80	25.05	31.60	39.90

SCHEDULE IV

Total Disability Maximum Period:

Caused by Injury: 12 Months
Caused by Sickness: 12 Months

Elimination Period:

(A) Disability caused by Injury: 7 Days
Disability caused by Sickness: 7 Days

(B) Disability caused by Injury: 14 Days
Disability caused by Sickness: 14 Days

(C) Disability caused by Injury: 30 Days
Disability caused by Sickness: 30 Days

ANNUAL RENEWAL PREMIUM PER \$100.00 OF MONTHLY INDEMNITY

The annual renewal premium shall be based on the rates shown in the following table, according to the attained age of the Insured on the renewal premium due date, and according to the applicable Elimination Period.

Elimination Accident	Period Sickness	Under	Ages	Ages	Ages	Ages	Ages	Ages	Ages	Ages	Ages
		25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
(A) 7 Days (B) 14 Days (C) 30 Days	7 Days	12.50	13.20	14.10	15.70	17.55	20.15	24.15	28.60	35.65	45.25
	14 Days	9.45	10.00	10.55	11.80	14.45	18.00	22.35	27.10	34.05	42.20
	30 Days	8.40	8.75	9.40	10.05	11.70	15.15	19.25	24.40	30.85	38.95

Appendix 7, cont'd

PART 1.

MONTHLY DISABILITY INDEMNITY

Indemnity will not be paid under this Part for any period of disability during which the Insured is not under the regular care and attendance of a legally qualified physician or surgeon other than himself; nor will indemnity be paid for more than one of the paragraphs A, B, C or D of this Part for the same period of disability. All indemnity under this Part will be paid subject to the Total Disability Maximum Period and Elimination Period as outlined in the certificate issued to the Insured under Schedule I.

INSURANCE AND INVESTMENT

Appendix 8

CANADIAN DENTAL ASSOCIATION CONSOLIDATED EXPERIENCE FOR POLICY YEAR JAN. 1, 1973 to DEC. 31, 1973

<u>Earned Premium</u>		1,287,730
* <u>Charges Against Premium</u>		
1) Collection Costs	78,788	
2) Commissions to Soliciting Agents	106,332	
3) Printing Costs	Nil	
4) Insurer's Retention	<u>193,159</u>	378,279
<u>Claims Incurred</u>		
Claims Paid	691,743	
Change in Reserve for Unpaid and Unreported Claims	(22,603)	669,140
Surplus for Policy Year		240,311
Surplus for Prior Policy Years		107,266
Balance before Experience Reserve		347,577
Experience Reserve (see section 3A of Agreement)		259,829
Experience Reserve Surplus		87,748
Interest on 1972 Surplus (6% on \$107,266)		6,435
Net Experience Reserve Surplus		94,183

* Notes Re Charges Against Premiums

- 1) 5% of total premiums collected including premium for optional A.D.
- 2) Commissions are paid on agency produced business only.

New Business \$130,371
Renewal Prem. 927,424

- 3) 15% of earned premium.

- Mutual of Omaha Insurance Company
- CNA Assurance Company

INSURANCE AND INVESTMENT

Appendix 9 (a)

C.D.A. Certificate Count									
June 1974									
Prov. & # Dentists	L.T.D.			Total Dentist		O.O.		Total Dentist O.O.	Empl. 381
	370	372	390	L.T.D.		371	391		
B.C. (1167)	330	7	296	633 (54%)		230	208	438 (37%)	-
Alta. (695)	124	1	248	373 (54%)		85	162	247 (36%)	-
Sask. (245)	36	-	54	90 (37%)		20	33	53 (22%)	-
Man. (350)	42	-	108	150 (45%)		25	55	80 (23%)	-
Ont. (3513)	727	4	2044	2775 (79%)		487	1393	1880 (54%)	74
P.Q. (1866)	579	-	309	888 (48%)		419	271	690 (37%)	2
N.S. (230)	100	-	54	154 (67%)		59	42	101 (44%)	-
N.B. (151)	63	-	46	109 (72%)		41	54	95 (63%)	1
P.E.I. (38)	19	-	7	26 (68%)		13	3	16 (42%)	-
Nfld. (70)	26	-	18	44 (63%)		20	9	29 (41%)	-
Terr.	3	-	-	3		-	-	-	-
Foreign	-	1	17	18		-	-	-	-
(8325)	2,049	13	3201	5263 (63%)		1399	2230	3629 (44%)	77
									18
									8,970

% is No. certificates in force
No. of dentists in Province

INSURANCE AND INVESTMENT

Appendix 9 (b)

(C O P Y)

LETTERHEAD OF THE CANADIAN DENTAL ASSOCIATION

June 28th, 1974.

Mr. W. Macintyre,
Vice President,
CNA Assurance Company,
160 Bloor Street East,
Toronto, Ontario.

Dear Mr. Macintyre: Re: Marketing of Casualty Program

This is to advise you that the submission made by Marsh & McLennan on June 18th, 1974, has been reviewed by the C.D.A. Council on Insurance & Investments and our decision in respect to that has been conveyed to Mr. Peter Kendricks, their senior Vice-President, (copy attached).

It was resolved that it was in the best interest of the Dental Profession, and was our desire, to have CNA Assurance proceed with the marketing of the casualty program on the basis of appointing agents to make personal contact with the profession.

We trust you will be able to devise and implement this concept at the earliest possible date.

Yours sincerely,

(Signed) R.A. Hugill
R.A. Hugill, D.D.S.,
Chairman,
C.D.A. Council on Insurance
& Investments.

INSURANCE AND INVESTMENT

Appendix 9 (c)

(C O P Y)

LETTERHEAD OF THE CANADIAN DENTAL ASSOCIATION

June 25th, 1974.

Mr. Peter Kendricks,
Senior Vice-President,
Marsh & McLennan Ltd.,
7 King Street East,
Toronto, Ontario

Dear Sirs:

I thank you for your submission of 18 June, 1974. This has been considered, in depth, but we feel it is in the best interests of our program to abide by the decision originally made, and as contained in our letter to Mr. John Band, dated May 24th, 1974.

Yours sincerely,

(Signed) R.A. Hugill
R.A. Hugill, D.D.S.,
Chairman,
C.D.A. Council on Insurance
& Investments.

c.c. Mr. John Band
Dr. W. G. MacIntosh
Dr. R. Rasmussen
Dr. D. C. Way
Mr. Bill Macintyre

INSURANCE AND INVESTMENT

Appendix 10

(C O P Y)

LETTERHEAD OF THE CANADIAN DENTAL SERVICE PLANS INC.

December 10, 1973

RE: MALPRACTICE (LIABILITY) GROUP PROGRAM

We are pleased to advise that we have renewed and improved our contract with CNA Assurance Company. The renewal premium per dentist is \$36.00 per annum.

The increase in premium results from:

1. A sharp increase in both malpractice and liability claims, including two substantial malpractice, and a general liability water-damage claim estimated to cost in the region of \$16,000 in repairs to a new office building.
2. A new broad form malpractice wording, approved by legal counsel to C.D.A. Coverage automatically extends to all employees of the insured dentist including hygienists, registered or licensed dental nurses/assistants, or therapists. It is not necessary for your employees to purchase separate coverage.
3. However, a dental auxiliary may purchase this coverage if she is employed by a dentist, or group of dentists, any one of whom may not be insured under our policy.
4. An increase in the General Liability limits to \$300,000.00.
5. The \$15.00 Deductible on Property Damage has been eliminated.
6. Revision of the General Liability wording to match that available under the C.D.A. "Business Package". The "Business Package" contains the broadest form of Comprehensive Liability coverage available in the insurance market today. It includes such features as Contractual and Tenants Legal Liability for fire damage to rented premises, etc. If you are already insured under that program this portion may be deleted from your Malpractice policy at a reduction in premium of \$12.00.

To obtain this coverage no formal application is necessary. All that is required is a note, (accompanied by your cheque in the amount of \$36.00, and made payable to C.D.S.P.I.).

Renewal notices to those already participating will be sent out shortly, but I strongly urge those who have not taken advantage of this excellent protection to do so.

There is no other policy in existence which gives you such protection at such a low price.

Sincerely,

(Signed) W.E. Jackson
W.E. (Gene) Jackson,
Administrator.

WEJ/es

INSURANCE AND INVESTMENT

Appendix 11

(C O P Y)

May 24th, 1974.

Mr. John Band,
Vice- President,
Marsh & McLennan Ltd.,
7 King Street East,
Toronto, Ontario.

Dear Sirs:

The aim of the Canadian Dental Association is to provide a broad package of insurance products and services to its members.

In 1972, we entered into a programme of Casualty Insurance marketed through your company and underwritten by CNA Assurance Company. We find the programme has not had the success anticipated and believe that a new direction in Marketing is now desirable. We have found over the years that certain products required personal contact with our members and believe this to be true of our Casualty Package. It is our intention to follow this strategy.

We have today advised CNA Assurance Company of our decision and we are enlisting their aid in developing this new marketing method.

I sincerely regret that by direction of the C.D.A. Council on Insurance and Investments, I must therefore advise you that, as of June 30th, 1974, the services of Marsh & McLennan will no longer be required.

The C.D.A. Council on Insurance & Investments wish to express to you our appreciation for your efforts and the assistance you have given us during the last two years. It is most unfortunate that such efforts were not enough to achieve the desired results.

Yours sincerely,

(Signed) R.A. Hugill
R.A. Hugill, D.D.S.,
Chairman,
C.D.A. Council on Insurance
& Investments.

INSURANCE AND INVESTMENT

Appendix 12

(C O P Y)
LETTERHEAD OF THE ONTARIO BLUE CROSS
150 Ferrand Drive, Don Mills, Ontario M3C 1H6

June 6, 1974

Mr. W.E. Jackson
Administrator
Dental Service Plans Incorporated
230 St. George Street
TORONTO, Ontario
M5R 2N5

Dear Gene:

The following figures do not include Quebec or the Maritimes subscribers.

For the period January 1, 1971 to April 30, 1974, premium income was \$321,080.00, cash claim paid were \$190,557.00.

Reserves and administration costs increase this latter figure to \$264,345.00.

For the 12 months ending April 1974, income was \$114,759.00, cash claims paid were \$75,884.00; this increases to \$91,114.00 when reserves and administration are added.

If you would like anything else, please let me know.

Yours sincerely,

(Signed) R.S. Westland
R.S. Westland
Assistant Director
Blue Cross - Enrolment

RSW:er

Appendix 13

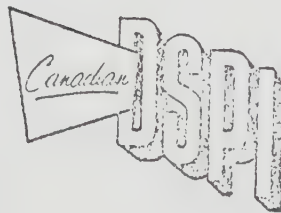
A NEW NATIONAL /
PROVINCIAL PROTECTION
PLAN FOR DENTAL
GRADUATES:

Loan
Protection
Disability
Plan

SPONSORED BY YOUR NATIONAL
AND PROVINCIAL DENTAL ASSOCIATIONS



ADMINISTERED BY



THE DECISION FACING GRADUATES

Upon graduation, every young dentist is faced with the same question— Shall I begin my career as an assistant or partner in an established practice OR establish a new practice on my own or with a fellow graduate? The individual who opts for the latter alternative is faced with the dilemma of how to equip his new practice - buy or lease.

The decision to purchase equipment involves a considerable capital expenditure, possibly \$30,000 to \$50,000, which is usually raised through a loan from a financial institution.

THE PROBLEM

By borrowing money to purchase equipment, you take on a liability that requires repayment. In the event you are seriously disabled and unable to work, how do you manage to set aside funds for the repayment of the loan.

THE SOLUTION

The LOAN PROTECTION DISABILITY PLAN sponsored by your National and Provincial Dental Associations is the answer. This Programme has been designed specifically to meet this need. It will pay a specified monthly benefit to be used for repayment of your loan (principal and interest) if you are totally disabled and are unable to practice dentistry. Benefits commence after thirty (30) days of disability and continue to the date of recovery, or the date of loan repayment, or the end of the policy term, whichever occurs first.

PLAN DETAILS

ELIGIBILITY

Available to all Dentists age 35 or under. Application for insurance may be made up to three years after graduation.

ELIMINATION PERIOD

Benefits are payable from the thirty-first day of disability.

TERM

Benefits continue during your disability for the balance of the policy term. You may select a policy term of three or five years. This is calculated from the date the loan originated.

BENEFIT

You are insured for a monthly repayment of principal and interest, subject to a maximum of \$1,000 per month:

Policy Term Selected	Monthly Benefit Per \$1,000 of Principal
3 Years	\$36.00
5 Years	\$25.00

For the purposes of this insurance, loan interest is calculated at 8% per annum.

PREMIUM

The insurance is purchased by a single premium payable at the time application is made and is expressed as a percentage of the sum borrowed. This varies depending on the term selected:

Policy Term Selected	Single Premium As A Percentage of Principal
3 Years	1.3% to a max. of \$360.00
5 Years	1.5% to a max. of \$600.00

The premium may be included in the amount of the loan.

Example

A bank loan is negotiated for \$30,000. The term of the policy selected is five years. If disabled, the dentist would receive a monthly benefit of \$750.00 (\$25,000 at \$25.00 per \$1,000) to cover repayment of principal and interest. The total single premium for the Loan Protection Disability Plan would be \$450.00 (1.5% of \$30,000).

IMPORTANT FEATURES

DEFINITION OF DISABILITY

The definition of disability under the programme is most liberal. Disability is defined as the complete inability of the Insured, by reason of accident or sickness, to engage in the practice of Dentistry, provided he is not otherwise employed for wage or profit.

EFFECTIVE DATE OF COVERAGE

The effective date is the date specified on your application provided it is completed and acceptable to the Insurer. Acceptance of applications is subject to medical evidence of health.

TERMINATION DATE OF POLICY

The insurance will terminate at the end of the selected policy term or the date the loan is repaid, if earlier.

ADDITIONAL FEATURES

Sickness originating prior to enrolling in the plan is covered as long as your application is accurate and acceptable.

Coverage is provided while riding as a passenger in any aircraft certified as airworthy.

EXCLUSIONS

The plan does not cover any loss caused by or resulting from war, military service, attempted suicide or pregnancy.

Benefits discontinue on the death of the Insured.

HOW TO OBTAIN COVERAGE

- (1) Upon approval of your loan by the bank:
 - (a) complete Part 1 of the attached application;
 - (b) have your banker complete Part 2 on the application, "Loan Details"; and
 - (c) complete the balance of the application yourself.
- (2) Forward the completed application and a cheque for the applicable premium to:

Canadian Dental Service Plans Incorporated
230 St. George Street
Toronto, Ontario M5R 2N5
- (3) A policy certificate will be issued to you upon acceptance of your application.

YOUR PLAN IS UNDERWRITTEN BY

 **CNA Insurance**
CNA ASSURANCE COMPANY • HEAD OFFICE: 160 BLOOR STREET EAST • TORONTO • CANADA • AFFILIATED WITH
CANADIAN PREMIER LIFE INSURANCE COMPANY • MARK 101

GRADUATE PROTECTION PROGRAMME

Revised January 1st, 1974.

Upon graduation and commencement of practice you are entitled to participate in all of the plans offered by your Association.

For new graduates it is difficult to properly assess future insurance needs. For this reason a special protection package at a much reduced premium is offered to provide basic protection during the first few months following graduation.

This package provides coverage from the date of graduation to the annual renewal date of the respective group contracts which in the case of Group Life and Liability (Malpractice) is December 1st and in the case of Income Protection and Office Overhead Expense is January 1st.

What is offered in the Graduate Protection Package?

1. \$25,000 Life Coverage
2. \$600 per month Income Protection - 30 day elimination
3. \$500 per month Office Overhead Expense - 14 day elimination
4. Group Liability (Malpractice) Insurance
5. A.I.D. (Adjustment Income Dollars)

The cost is \$48, a saving of over 50% of what the same coverage would cost if purchased at regular rates. Regular premium rates apply on renewal.

Graduates who become associates in practices and are not responsible for office expenses can purchase the package without office overhead expense insurance at a reduction of \$5.

If you take the "Graduate Protection Package" you receive \$25,000 Life insurance, \$15,000 of which is subject to evidence of health on the renewal date.

NOTE:

1. The above amounts may be increased at any time by applying to:
Canadian Dental Service Plans, Inc.
2. A.I.D. pays \$500 per month for 12 months to your beneficiary after your death.
3. In Ontario, as Malpractice coverage is compulsory, and paid through the licence fee, Item 4 covers "Liability" - damage to the property of others ' only.

National/Provincial Plans

Plan	Billed? Annual, Semi. Etc.	Renewal Date	Billed (approx.)
I.P. & O.O.	Annual or semi-annual	1 Jan. - 1 Jul.	1 Jun. - 1 Dec.
Life	Annual	1 Dec.	1 Nov.
A.I.D.	Annual	1 Sept.	1 Aug.
Med. & Ext. Health	Annual	1 Jan.	1 Dec.
Malpractice	Annual	1 Jan.	15 Nov.
R.S.P.	Not Billed	Last date for tax purposes - 28 Feb.	n/a
General	Quarterly or Annual - Optional	1st Jan., Apr., Jul. & Oct.	1 month in advance

NATIONAL/PROVINCIAL CANADIAN DENTAL ASSOCIATION

GENERAL INSURANCE PACKAGE

NEW MARKETING CONCEPT

1. The "Designated Agent" Programme is our best alternative to marketing the C.D.A. Programme. In the regions where we have established our facilities we have a network of independent agents representing us on a contracted basis and consistantly working with us day to day, who we feel could do an excellent job in marketing the C.D.A. Programme. In seeking agency representation we have spent a great deal of time and effort seeking out good solid established agents, the so called "professionals" in the business. These are independent businessmen in their community and will make excellent representatives for both CNA and the insurance community. It is our intentions to exclusively appoint these agents as our representatives for the C.D.A. Casualty Insurance Programme and I am in the process of drafting an addendum to our agency contract which will outline the provisions of their authority and the commission structure. I will furnish you with a copy of this draft as soon as it is available. Our normal agency contract contains an ownership clause which provides that the business an agent places through us belongs to him. We will specifically exclude this ownership clause from the C.D.A. addendum so that we can transfer this business to another agent if our original "Designated Agent" does not do the job for us.
2. We have already approached most of the agents we hope to appoint for the C.D.A. Programme in southern Ontario and we have received for the most part enthusiastic response. Most of the agents we approached questioned the reduced commission on renewal premiums however, they seem to accept that we could not afford to pay our normal commission when we are paying an administration fee to C.D.S.P.I. Even though these are contracted agents handling our normal business, we still have to prepare and equip these agents to handle and issue the special business policy. They are already familiar with our automobile and homeowner programmes, excepting that we are in the process of revamping homeowners programme to an insurance-to-value situation. This again is going to require a complete introduction programme to our agency force. As you can see, we certainly have our work cut out for us over the next month or so. Our priority right now is to equip the "Designated Agent" to handle the business package policy and to complete our appointment of these agents. As you know we have had to salvage the existing supplies and hopefully by the end of this week we will have the necessary amendments to revise the business policy forms so that we can supply our agents with sufficient quantities of the business policy to handle any immediate requisitions.
3. As far as the existing business is concerned we are hopeful that the Power of Attorney authorization will be received by C.D.S.P.I. so that they in turn can authorize the appointment of a "Designated Agent" to handle the business after September 30th. Because of the legal implications we will have no choice but to lapse out any business where the Power of Attorney letter has not been received prior to the billing date.

4. When we have the authorization from the policy holder to appoint a "Designated Agent" we will bill the next quarterly premium showing the "Designated Agent" as our representative. This will allocate the renewal commission to the "Designated Agent." It is our intension that just as soon as we have taken care of the existing business through "Designated Agents" that we will embark on a programme to expand the current writings. I should point out to you that our first step will be to fill in the gaps. There are several areas now that will have to be handled from our own offices until we can appoint a "Designated Agent," some good examples of this would be: Kingston, Peterborough, Belleville and Ottawa in the Central Region. In the Eastern Region we would like to work towards finding the representative in each of the major cities such as Halifax, Moncton and St. Johns. In the Western Region our first priority would be to appoint a "Designated Agent" in Edmonton and Calgary. I would anticipate that we might be able to fill in these gaps by year end.
5. This would put us in a position at the beginning of 1975 where we had an effective nationwide network of "Designated Agents" to start promoting the C.D.A. Programme. Again because of our resources and the Designated Agent Marketing Programme we will have to concentrate our marketing efforts on a regional basis. As an example, we will shortly be adequately represented in Metropolitan Toronto and if we could organize an effective promotion campaign for the programme within Metropolitan Toronto we will have available four of five capable agencies who would be prepared to work with us in promoting and introducing our programme to members of the Dental Profession in the city. While it will be necessary to utilize all the means at our disposal to make the dentist aware of the programme the marketing effort should be directed to creating a one on one situation for our agent. Unless someone has some brilliant ideas which have not yet been expressed it is only through a detailed survey, analysis and presentation of our programme that will sell the "account" instead of as we have had in the past, the dentist picking the best pieces out of the programme strictly on a price comparison. Based on the enthusiastic response we have received from most of our agents at this point I feel quite confident that we can be much more effective in our marketing efforts through our "Designated Agents."

GUIDE LINES FOR DESIGNATED AGENT

1. He must be the kind of person who can make contacts in his area and experienced in insurance.
2. He should meet with our people to make sure he understands the programs and how they interrelate.
3. He should not be allowed to sell any other insurance program in competition with ours; i.e. if he has a plan with a dentist, he must replace it with a National/Provincial plan. He must be a licensed Agent.
4. The business cards and stationery must show that he is a representative of our National/Provincial plans. We will supply him with an introductory card. Our promotional material will be supplied through administration. The designated agent may use his own promotional program subject to approval by administration.
5. Sale of insurance other than provided in the CNA contracts - the application must be presented to CDSPI before being placed with another underwriter.
6. Firing. The agent cannot be replaced without the approval of the administration. CNA must provide us with quarterly reports on agent's performance and his degree of penetration.
7. The designated agency division across Canada is subject to the approval of CDSPI.

HOMEOWNERS INSURANCE TO VALUE PROGRAMME

The proposal is for a 100% insurance to value, whereby the home is insured for its full replacement cost (not market value, which includes value of the land).

In order to arrive at the proper value, we will use general appraisal corporation's method of appraisal, which takes into consideration all factors which have an effect—labour costs, building materials, type of construction and location. These factors have been developed through extensive research on the part of general appraisal and are continually up-dated.

Once a home has been evaluated, the policy will be issued on this basis and CNA will undertake to maintain the value based on the inflation indexes published by "Statistics Canada". On the anniversary date of the policy the limits and amounts will be automatically adjusted in accordance with the last known inflation index. However, should the home be totally destroyed between review dates, the policy would respond to the total replacement cost even though this might exceed the limit of the policy, provided the excess is not inflated by construction detail which was not taken into consideration in the original valuation.

In other words, in the event of a total loss, replacement cost would be determined by applying the Canada Statistics inflation index to the original evaluation.

The following improvements have been made in the policy form, with respect to coverage and policy limits.

- 1). Contents limit is now 50% of the amount carried on the building (formerly 40%).
- 2). Personal Liability limit increased to \$100,000.00 (formerly \$25,000.00). Higher limits may be purchased at a small additional premium.
- 3). Swimming Pool Liability included free of charge.
- 4). \$1,000.00 Credit Card and Depositors Forgery included free of charge.

The rating structure has been adjusted so that the whole insurance to value programme becomes attractive and competitive particularly for homes in the \$25,000.00 to \$60,000.00 replacement cost bracket.

LEGISLATION

MEMBERS: H.C. Bugden, chairman, Ottawa; K.F. Pallett, Ottawa;
O.H. Phillips, Ottawa.

R E P O R T

1. We hope this report will have an interest for the general membership of the Canadian Dental Association and indicate to them the tremendous impact governments are having on the profession of dentistry.
2. Registrars of all corporate members have provided this Council with information concerning any legislation changes in their respective provinces occurring since the previous CDA Board meeting.
3. We are further pleased to have received reports from the National Dental Examining Board of Canada and the Royal College of Dentists of Canada, each of which operates under a federal charter.
4. A summary of the reports, listed geographically from east to west, is as follows:

NEWFOUNDLAND

5. No change has been made in the Dental Act since last year.
6. Added By-Laws permitting the performance of expanded duties by hygienists have been approved by the Lieutenant-Governor-in-Council as follows:
 - (a) Topical application to the teeth of caries-preventive medicaments.
 - (b) The completion of the post tooth-cutting portion of plastic restorative procedures by hygienists with advanced training in this field.
7. The select Committee of the Legislature on denturists presented its report to the Legislature, but no action as yet has followed.

PRINCE EDWARD ISLAND

8. There have been no changes in legislation pertaining to dentistry, either passed in 1973 or 1974, or presently being considered by this government.

NOVA SCOTIA

9. No change at this time. The regulations under which denturists will be operating should soon be known.

LEGISLATION

NEW BRUNSWICK

10. Presently the New Brunswick Dental Society is in the process of revising the Dental Act for recommendation to the Legislature. No information is being made public at this time, at the request of the government.

QUEBEC

11. Although Bills 250 and 254 were assented to on July 1, 1973, they did not come into effect until February 1, 1974 and dentistry is living in a period of transition of one full year, until February 1, 1975.
12. The former College of Dental Surgeons of the Province of Quebec is now called "The Order of Dentists of Quebec".
13. The By-Laws and Code of Ethics must be revised and submitted to government for approval.
14. The Provincial Board of Governors, after an election in October, will be reduced from 35 Governors to 20 Directors and will be called "The Bureau". Four representatives of the public will also sit on this new administrative body.
15. The Council on Discipline will have as its chairman a lawyer, nominated by the Professional Board. Any appeal on decisions made by the Council will be submitted to a provincial court.
16. The dental hygienists will have a separate corporation. Delegation of dental procedures is now being scrutinized by the Professional Board, which has final say on the matter.
17. Denturologists have their own corporation and are in the process of organizing with the help of the Professional Board.

ONTARIO

18. Third reading was given Bill 70 - The Denture Therapists Act/1974, which allows dental therapists to work free of supervision on individuals with endentulous arches. That is to say, they require direct supervision if fabricating partials but do not require supervision when fabricating full dentures.
19. Legislation is pending on expanded roles for both dental assistants and dental hygienists. With approval in principle by the Ontario Dental Association for hygienists and The Ontario Dental Nurses and Assistants Association, the Royal College of Dental Surgeons of Ontario has proposed a list of the changes in duties for these auxiliaries. Included in these changes for the hygienists is the

LEGISLATION

provision to place and finish silicate, plastic or amalgam restorations, when they have completed proper, accredited training programs in this area. Similarly, dental assistants with their own properly accredited training programs will be permitted rubber cup polishing and placement of fissure sealants. Space does not permit comment on all procedures proposed by the RCDS of Ontario.

20. The Health Disciplines Act of Ontario (Bill 22) has been given second reading and it is expected that Bill 22 will be passed and enacted by January 1975. No details are presented here, because clause changes could occur at this stage.

MANITOBA

21. Has no changes to report this year.

SASKATCHEWAN

22. The Saskatchewan Legislative Assembly has given formal assent to the Saskatchewan Dental Care Act 1974. In summary, it provides for the following services most of which will be rendered by graduates of the two-year training course at Regina (Saskatchewan dental nurses) to children between 6-12 years of age:

preventive prophylaxis: topical anti-cariogenic agents,
instruction in oral hygiene.

treatment examinations: fillings, extractions and provision
of certain prosthetic and orthodontic
appliances.

23. The Minister of Public Health will provide the services by employing dentists, Saskatchewan dental nurses, certified dental assistants and other staff and providing stationary or mobile clinics and all necessary equipment and supplies.

ALBERTA

24. There is currently a group of relatively important By-Laws before the Lieutenant-Governor in Council which have not yet been approved. This approval may occur in July; if so, comment will be provided at the Board meeting.

BRITISH COLUMBIA

25. The Professional Corporations Act of 1970 permitted dentists, along with other professionals, to incorporate their practices without limiting their liability to their patients. Any tax benefits of incorporation were later removed by a cabinet Order-in-Council. This year the Act was rescinded.

LEGISLATION

26. The Medical Centre of British Columbia Act was passed in 1973. It created a teaching-research service complex to be based at the DVA Hospital in Vancouver which is being transferred to the province. The College has been well represented on committees planning the development of the centre, particularly with regard to facilities and training of dental auxiliaries.
27. The Council of the College has approved a revised Dentistry Act. It is not expected to go to the Legislature until 1975.
28. We are including reports this year from the National Dental Examining Board of Canada, and the Royal College of Dentists of Canada. We appreciate their cooperation. We feel that the membership of the CDA should be knowledgeable about these important organizations and their valuable function within the framework of dentistry in Canada. They each operate under a federal charter but are not often involved with legislation. It so happens that about a year ago the NDEB, under Federal Bill S-7, were requesting changes in their charter to include portability from province to province for dental specialists.
29. Since this area overlaps with the function of the Royal College of Dentists cooperation between them was necessary. The Bill was passed late last year and the following report relates to the above preamble:

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

30. Federal Bill S-7, an amendment to the NDEB's Act hoped to include portability for dental auxiliaries as well as the specialists in dentistry but, due to opposition from some provincial health departments, this area was eliminated and Bill S-7 passed, relating only to specialists in Dentistry. The NDEB of Canada and the Royal College of Dentists of Canada are resolving between them the overlapping areas of authority.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

31. The NDEB's act (Federal Bill S-7) was amended last year after frequent consultations between the Board and the Royal College and legal counsel on both sides. The two organizations have resolved some minor differences between them. The RCD(C) will act as the examining body for the NDEB for specialists. If candidates are successful, the Board will issue specialist certificates which, with the provinces' agreement, will be portable across the country.

FEDERAL DEPARTMENT OF CORPORATE AND CONSUMER AFFAIRS

32. Bill C227, Proposals for a New Competition Policy (stage one) which was to amend the Combines Act, was introduced in November 1973 and later withdrawn. It is expected to be reintroduced in the coming federal parliament. Its main application to the profession will be

LEGISLATION

the question of legality of fee schedules. CDA headquarters has had correspondence with the department and we too will try to keep a watch for any further developments.

33. This Council extends its appreciation to all for their kind assistance during the past year and especially in the preparation of this report.

The Board was pleased to review this most comprehensive report of the Council on Legislation respecting dental legislation in Canada and is particularly glad to see the inclusion of reports from the National Dental Examining Board of Canada and the Royal College of Dentists of Canada.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

EXECUTIVE: D.B. Proctor, President, Winnipeg; J.M. Calvert, Vice-President, Edmonton; J.D. Purves, Past-President, Toronto; N. Layton, Executive Member, Truro; R. Coulombe, Executive Member, Lachine; G. Kravis, Registrar, Ottawa; J. Matte, Executive Secretary-Treasurer, Ottawa

INFORMATION STATEMENT

BILL S7 (APPENDIX 1)

1. This Bill gives the National Dental Examining Board of Canada, in conjunction with the Royal College of Dentists of Canada, the right to issue certificates of portability to dental specialists. At the present time, negotiations are going on between the NDEB and the RCDC to iron out the details of the types of examinations that will be given. When this is completed, it will be submitted to the licensing agency in each province for ratification. It is hoped that this program will be functional by next spring.

NDEB CERTIFICATES ISSUED IN 1974

2. (a) current graduates of approved Canadian schools (no examination)	409
(b) graduates of approved Canadian schools before 1971 (written examination)	7
(c) graduates of USA approved schools (written examination)	29
(d) foreign dentists (comprehensive examination)	<u>16</u>
Total to June 12, 1974:	461

FOREIGN DENTISTS

3. The table below contains the results of both new candidates and those writing supplementals:

<u>Examination 1974</u>	<u>Tried</u>	<u>Passed</u>
Written	35	24
Preclinical	27	23
Clinical	37	16

G. Kravis, DDS
Registrar

Appendix 1

1st Session, 29th Parliament, 21-22 Elizabeth II,
1973

1^{re} Session, 29^e Législature, 21-22 Elizabeth II,
1973

THE SENATE OF CANADA

SÉNAT DU CANADA

BILL S-7

BILL S-7

An Act respecting The National Dental
Examining Board of Canada

Loi concernant The National Dental
Examining Board of Canada

(Assented to 21st December, 1973)

(Sanctionnée le 21 décembre 1973)

Preamble

Whereas The National Dental Examining Board of Canada, hereinafter called "the Board", has by its petition prayed that it be enacted as hereinafter set forth, and it is expedient to grant the prayer of the petition: Therefore Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

Préambule

Considérant que The National Dental Examining Board of Canada, ci-après appelé «le Bureau» a, par voie de pétition, demandé l'établissement des dispositions législatives ci-dessous énoncées, et qu'il est à propos d'accéder à cette demande: A ces causes, Sa Majesté, sur l'avis et du consentement du Sénat et de la Chambre des communes du Canada, décrète:

Name in
French

1. The Board may use, in the transaction of its business, either the name The National Dental Examining Board of Canada or the name Le Bureau national d'examen dentaire du Canada, or both of such names as and when it so elects. It may sue or be sued in either or both of such names, and any transaction, contract or obligation entered into or incurred by the Board in either or both of the said names shall be valid and binding on the Board.

Nom
français

1. Le Bureau peut, dans la conduite de ses affaires, employer le nom The National Dental Examining Board of Canada, ou le nom de Le Bureau national d'examen dentaire du Canada, ou les deux à la fois, à sa discrétion. Il peut poursuivre ou être poursuivi en justice sous l'un ou l'autre de ces deux noms ou sous les deux à la fois, et toute opération, convention ou obligation conclue ou contractée par le Bureau sous l'un ou l'autre de ces deux noms, ou sous les deux noms à la fois, est valide et lie le Bureau.

Existing
rights
saved

2. Nothing contained in section 1 shall in any way alter or affect the rights or liabilities of the Board, except as therein expressly provided, or in any way affect any proceeding or judgment now pending, either by or in favour of or against the Board, which, notwithstanding the provisions of section 1, may be prosecuted, continued, completed and enforced as if this Act had not been passed.

Sauvegarde
des droits
existants

2. Rien à l'article 1^{er} de la présente loi ne doit aucunement modifier, ni atteindre les droits ou obligations du Bureau, sauf ce qui y est expressément prévu, ni avoir quelque effet sur une procédure maintenant pendante, intentée par ou contre lui, ou sur un jugement existant en sa faveur ou contre lui. Nonobstant les dispositions de l'article 1^{er} de la présente loi, ladite procédure peut être poursuivie, continuée et complétée, et ledit jugement peut être exécuté, comme si la présente loi n'eût pas été adoptée.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

Appendix 1, cont'd

3. Section 6 of chapter 69 of the statutes of 1952 is repealed and the following substituted therefor:

Purposes
of Board

"6. The purposes of the Board shall be
(a) to establish qualifying conditions 5
for a single national standard
certificate of qualification
for general practitioner den-
tists;
(b) to establish qualifying conditions 10
for national standard certificates of
qualification for dental specialists sub-
ject to the approval of The Royal Col-
lege of Dentists of Canada;
(c) to ensure that the rules and regu- 15
lations governing examinations will be
acceptable to all participating licensing
bodies and provide for the conducting
of examinations in a manner fair and
equitable for all concerned; and 20
(d) to promote enactment, with the
consent and at the instance of the pro-
vincial licensing bodies, of provincial
legislation necessary or desirable to
supplement the provisions of this Act." 25

4. Section 7 of chapter 69 of the statutes of 1952 is repealed and the following substituted therefor:

Powers
of Board

"7. The Board shall have power to
(a) establish qualifications for general 30
practitioner dentists to
ensure that the
qualifications may be recognized by
the appropriate licensing bodies in all 35
provinces of Canada;
(b) establish, subject to the approval
of the Royal College of Dentists of
Canada, qualifications for dental spe-
cialists, to ensure that, in each case 40

3. L'article 6 du chapitre 69 des statuts de 1952 est abrogé et remplacé par ce qui suit:

Objets du
Bureau

«6. Le Bureau a pour objets
a) de déterminer les conditions re- 5
quises pour établir un seul
standard national de certificat
de compétence pour les dentistes
non spécialisés; 10
b) de déterminer les conditions re-
quises pour établir des standards na-
tionaux de certificat de compétence
pour les dentistes-spécialistes sous ré-
serve de l'approbation du Collège royal 15
des chirurgiens dentistes du Canada;
c) de s'assurer que les règles et règle-
ments couvrant les examens soient ac-
ceptables à tous les corps institués pour
accorder des autorisations et partici- 20
pant au Bureau et pourvoient à la con-
duite des examens d'une façon juste et
raisonnable pour tous les intéressés; et
d) de promouvoir, du consentement et
avec la collaboration des corps provin- 25
ciaux institués pour accorder des au-
torisations, l'adoption d'une législation
provinciale nécessaire ou désirable pour
compléter les dispositions de la pré-
sente loi.» 30

4. L'article 7 du chapitre 69 des statuts de 1952 est abrogé et remplacé par ce qui suit:

Pouvoirs du
Bureau

«7. Le Bureau a le pouvoir
a) de déterminer les titres à l'exercice 35
des dentistes non spécialisés de
façon que les titres puissent
être
reconnus par les corps régulièrement 40
institués dans toutes les provinces du
Canada pour accorder des autorisa-
tions;
b) de déterminer, sous réserve de l'ap-
probation du Collège royal des chirurg- 45

NATIONAL DENTAL EXAMINING BOARD OF CANADA

Appendix 1, cont'd

the qualifications may be recognized by the appropriate licensing bodies in all provinces of Canada;

(c) establish the conditions under which a general practitioner dentist may obtain and 5

hold a certificate of qualification;

(d) establish subject to the approval of The Royal College of Dentists of 10 Canada, the conditions under which a dental specialist may obtain and hold a certificate of qualification;

(e) prescribe compulsory examinations as evidence of qualifications for regis- 15 tration, subject to the rights of The Royal College of Dentists of Canada as hereinafter set forth;

(f) establish and maintain a body of examiners to hold examinations and to 20 recommend the granting of certificates of qualification to general practitioner dentists;

(g) establish and maintain a body of 25 examiners appointed by The Royal College of Dentists of Canada to hold examinations and make recommendations concerning the granting of certificates of qualification of properly 30 trained dental specialists;

(h) issue certificates of qualification to general practitioner dentists.

and dental specialists in 35
accordance with the recommendation of the examiners;

(i) establish a register for Canada of general practitioner dentists and dental specialists who 40 have been granted certificates of qualification by the Board;

(j) delete from the register the name of any person whose provincial régis- 45

giens dentistes du Canada, les titres à l'exercice des dentistes-spécialistes de façon que tous les titres puissent être reconnus par les corps régulièrement institués dans toutes les provinces du 5 Canada pour accorder des autorisations;

c) d'établir les conditions auxquelles un dentiste non spécialisé 10 peut obtenir

et détenir un certificat de compétence;

d) d'établir, sous réserve de l'approbation du Collège royal des chirurgiens dentistes du Canada, les conditions 15 auxquelles un dentiste-spécialiste peut obtenir et détenir un certificat de compétence;

e) de prescrire des examens obligatoires comme preuve des titres à l'exer- 20 cice aux fins d'enregistrement, sous réserve des droits du Collège royal des chirurgiens dentistes du Canada ci-après énoncés;

f) d'instituer et maintenir un corps 25 d'examineurs pour tenir les examens et recommander l'octroi de certificats de compétence aux dentistes non spécialisés ;

30

g) d'instituer et maintenir un corps d'examineurs nommés par le Collège royal des chirurgiens dentistes du Canada pour tenir les examens et recom- 35 mander l'octroi de certificats de compétence aux dentistes-spécialistes dûment formés;

h) d'émettre des certificats de compétence aux dentistes non 40 spécialisés et aux dentistes spécialistes conformément

à la recommandation des examinateurs; 45

i) d'établir pour le Canada un registre de contrôle des dentistes non spéciali-

NATIONAL DENTAL EXAMINING BOARD OF CANADA

Appendix 1, cont'd

tration has been cancelled or suspended and to restore such name to the register if and when such cancellation or suspension is reversed, or the period of suspension is terminated; and

(k) publish and revise the register from time to time."

5. Chapter 69 of the statutes of 1952 is further amended by adding thereto, as section 11 thereof, the following:

Certificate of qualification

"11. (1) The Board shall issue its certificate of qualification to all Fellows of The Royal College of Dentists of Canada who are dental specialists, and whose specialties are recognized by the Canadian Dental Association and who make application for such a certificate within five years from the date on which this Act comes into force.

Dissolution

(2) In the event of the dissolution of The Royal College of Dentists of Canada, all powers conferred upon it herein shall become vested in The National Dental Examining Board. Any reference in this Act to The Royal College of Dentists of Canada or The National Dental Examining Board shall include their successors or assigns."

sés et des dentistes-spécialistes à qui le Bureau a accordé des cretificats de compétence;

j) de radier du registre le nom de toute personne dont l'inscription provinciale aura été annulée ou suspendue, et de restaurer ce nom dans le registre si et lorsque pareille annulation ou suspension est annulée ou la période de suspension est terminée; et

k) de publier et réviser ce registre à son gré.»

5. Le chapitre 69 des statuts de 1952 est en outre modifié par l'adjonction de l'article suivant:

«11. (1) Le Bureau doit émettre son certificat de compétence à tous les membres du Collège royal des chirurgiens dentistes du Canada qui sont dentistes-spécialistes et dont les spécialités sont reconnues par l'Association Dentaire Canadienne et qui en font la demande dans les cinq années suivant la date d'entrée en vigueur de la présente loi.

(2) En cas de dissolution du Collège royal des chirurgiens dentistes du Canada, tous les pouvoirs que lui attribue la présente loi seront dévolus au Bureau national d'examen dentaire du Canada. Toute mention dans la présente loi du Collège royal des chirurgiens dentistes du Canada ou du Bureau national d'examen dentaire du Canada comprend leurs successeurs ou ayants droit.»

Certificat de compétence

Dissolution

NECROLOGY

RECORDS DEPARTMENT

Miss A.M. Cowling

R E P O R T

Since the last Annual Meeting of the Canadian Dental Association, the deaths of the following members have been recorded:

ALLEN, Leslie Talmage - Maryland '12	Lethbridge, Alta.
ARMSTRONG, John James - Toronto '31	Toronto, Ont.
BENNETT, Marcel F. - Legislation '17	Carman, Man.
BERNSTEIN, Frederick - McGill '69	Montreal, P.Q.
BERWICK, Kenneth Cameron - McGill '27	Piedmont, P.Q.
BLACK, Alan - Toronto '62	Downsview, Ont.
BOURDON, Emile - Laval '18	Quebec, P.Q.
BRADLEY, Harry Melville - RCDS '23	Leamington, Ont.
BRESLIN, William Wolfe - RCDS '24	Toronto, Ont.
BROWNLEE, Basil Ernest - RCDS '07	Winnipeg, Man.
BURT, James Alexander - Toronto '54	Windsor, Ont.
BUTLER, John Arthur - RCDS '21	Toronto, Ont.
*CAMPBELL, J. Menzies - RCDS '12	Glasgow, Scotland
CHALIFOUX, Isaie Edmond - Laval '17	Montreal, P.Q.
CLARKE, George Vivian Tremayne - Alberta '48	Edmonton, Alta.
* **CLAY, John William - RCDS '06	Calgary, Alta.
CROUCH, Stanley Stuart - RCDS '19	Toronto, Ont.
DANIEL, Herbert LaMert - Dalhousie '14	Truro, N.S.
DENT, Charles Sidney - North Pacific '13	Victoria, B.C.
DESCHENES, Gilbert Herve - Montreal '45	Montreal, P.Q.
DONALD, Stanley Keir - RCDS '23	Moncton, N.B.
DONNELLY, Kenneth Patrick - Alberta '39	Vancouver, B.C.
EAGAN, James Alphonsus - RCDS '16	Toronto, Ont.
FALCONER, Robert Lester - RCDS '25	Fort MacLeod, Alta.
FLETCHER, Josiah David - North Pacific '17	Vancouver, B.C.
* **GARVIN, Mathew Henry - RCDS '03	Winnipeg, Man.
GLASCOTT, James Gordon - U.T. '27	Toronto, Ont.
GOLDING, James William - RCDS '20	Brampton, Ont.
GOODMAN, Abraham Lincoln - Alberta '40	Red Deer, Alta.
GORNITSKY, Israel - McGill '27	Montreal, P.Q.
*GULLETT, Donald Werden - RCDS '23	Toronto, Ont.
HARDY, George Howard - Toronto '34	Thunder Bay (London) Ont.
HARNISH, Weldon E. - Dalhousie '38	Halifax, N.S.
HEBERT, Armand J. - Montreal '16	Montreal, P.Q.
HERRON, Vernon Alexander - Toronto '50	Orillia, Ont.
HIBBERD, John Hunt - Toronto '60	Toronto, Ont.
HODGINS, William John Wallace - McGill '37	Shawville, P.Q.
HODGSON, Stanley Christie - Alberta '31	Edmonton, Alta.
HOPPER, Anson Duncan - Dalhousie '13	Truro, N.S.
HOUGEN, Otto Rudolph - North Pacific '19	Vancouver, B.C.
HURTON, Roderick George - Northwestern '17	Glenboro, Man.

NECROLOGY

JOUDREY, Gordon Everett - Maryland

KANCHIER, Michael - Loyola '32

LABERGE, Guillaume - Montreal '27

LANDE, Nathan - McGill '19

LANGILLE, Ralph Meredith - Dalhousie '24

LANTIER, Jacques Philippe - Laval '13

LAVERS, Beverly de Wolfe - Dalhousie '25

LAYTER, Gordon Craig - Toronto '28

LE BRUN, Wenceslas - Montreal '20

LEROUX, Fernand - Montreal '32

LIVETT, John Chatteris - RCDS '16

LOWRY, Clifford M. - Alberta '29

MAC KENZIE, Ian Grant - Minnesota '53

MAC LEOD, George Cameron - Dalhousie '30

MELOCHE, Roger - Montreal '34

MC GOWAN, James Cooney - RCDS '21

MILLS, John Thomas - Toronto '53

O'BRIEN, Chester Raphael - RCDS '14

O'MEARA, Brian Joseph - Toronto '48

PRECOURT, Elphege - Laval '12

RACINE, Anthime - Montreal '20

RATTE, Joseph Jules Gustave - Montreal '29

ROBERT, Louis-Philippe - Montreal '36

ROSS, John Alexander - RCDS '11

RUPERT, Ernest Arthur - RCDS '22

RYAN, Frederick Curtis - McGill '52

SHAPER, Clifford G. - Minnesota '41

SHILLINGTON, Gordon Benjamin - Toronto '34

SINCLAIR, William A. - Dalhousie '33

SINANAN, Kenneth - McGill '43

SPRATT, Oliver Campbell - RCDS '11

STEED, Hamilton Graeme - Alberta '41

STERN, Louis Arthur - Toronto '40

STEWART, Harry Raymond - RCDS '24

STRAUSS, Samuel - RCDS '24

STROUD, Milton Carl - Alberta '55

TOWN, John William - Toronto '59

VEITCH, Ernest Claude - RCDS '09

WALLACE, Donald Meyers - Toronto '43

WATSON, Thomas Alexander - Toronto '27

WERRY, Samuel George - Toronto '42

WOOD, Arthur Dobson - RCDS '19

Bridgewater, N.S.

Winnipeg, Man.

Montreal, P.Q.

Montreal, P.Q.

Halifax (Truro) N.S.

Montreal, P.Q.

Kingston, N.S.

Toronto, Ont.

Ville Marie, P.Q.

Montreal, P.Q.

Toronto, Ont.

Calgary, Alta.

Vancouver, B.C.

Halifax, N.S.

Montreal, P.Q.

Hamilton, Ont.

Brandon, Man.

Northridge, Calif.

Charlottetown, PEI

Drummondville, P.Q.

Quebec, P.Q.

Quebec, P.Q.

Montreal, P.Q.

Guelph (Lindsay) Ont.

Toronto, Ont.

Burnaby, B.C.

Winnipeg, Man.

Freeport, Grand Bahama

St. Stephen, N.B.

Downsview, Ont.

Victoria, B.C. (Ottawa)

Nelson, B.C.

Winnipeg, Man.

Winnipeg, Man.

Toronto, Ont.

Calgary, Alta.

Woodstock, Ont.

Toronto, Ont.

Toronto, Ont.

Lucan, Ont.

Oshawa, Ont.

Toronto, Ont.

* Honorary Member, CDA

** Past President CDA

NOMINATIONS

MEMBERS: J.F. Reid, chairman, Vancouver; D.C. Clee, Toronto;
L. Bernier, Quebec City; W.R. Upton, Vancouver.

R E P O R T

1. Appended herewith (Appendix 1) is a list of nominees prepared in accordance with the By-Laws, Article XIV, Section 4(i).
2. Council is grateful for the assistance of nominators and for the willingness of leading members of our profession to serve the Association.
3. Council extends the Association's appreciation to Officers, Council Chairmen and Members who are retiring from office this year.

CDSPI

4. In 1973 (1973T63-64), the Board directed that the CDA representatives to CDSPI would be elected annually. Nominations were therefore solicited by the Nominations Council in accordance with CDA By-laws, Article XIV, Section 4(i).

COUNCIL ON NOMINATIONS

5. The Board is reminded that the Council on Nominations comprises three members elected by the Board, plus the President-elect who serves as chairman. The by-laws state that the membership of the Council should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations for a term of three years shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

D.C. Clee, Toronto	1974(1) - first term; eligible for re-election
W.R. Upton, Vancouver	1975(1)
L. Bernier, Quebec City	1976(1)

COUNCIL CHAIRMEN

6. The Board is reminded that by Article XI, Sect.8(j) the Executive Council is empowered to select Council Chairmen from the Council members elected by the Board.

ELECTED OFFICERS, OFFICIALS AND COUNCIL MEMBERS

7. A complete list of elected officers, officials and council members is attached as Appendix 2 to this report.

On motion from the floor:

RESOLVED

*that Dr. D.C. Clee be elected to the Council on
Nominations.*

NOMINATIONS FORM

CDA ELECTIVE OFFICES - 1974

NOMINATIONS

Appendix 1

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Chairman of the Board</u> Incumbent - W.P. Munsie	Elected annually	Individual or Honorary Member	1 year	W.P. Munsie, Vancouver
<u>President-elect</u>	Elected annually	Voting member of the Board of Governors	1 year	H.L. Mussells, Montreal F.T. Wihak, Regina
<u>Executive Council</u> (2 vacancies)	Replacing Drs. F.T. Wihak and H.L. Mussells (who have completed first terms). Past President Peters retires from Council.	Member of the Board of Governors	2 years	M.J. Crompton, Moncton C.E. Gosselin, Sherbrooke R.A. Gray, Medicine Hat D.L. Rife, Toronto
<u>Council on Constitution and By-laws</u> (1 vacancy) Incumbent - H.R. MacLean	Completing 1st term	CDA member	3 years	H.R. MacLean, Edmonton
<u>Council on Education</u> (2 vacancies) Incumbent - J.D. Purves Incumbent - M.J. Crompton	Completing 1st term Completing 2nd term	NDEB recommendation Membership-at-large with no dental school affiliation	3 years 3 years	J.D. Purves, Toronto (S.M. Claman, Winnipeg (R.B. Gilliland, Saskatoon (F.B. Lavoie, Sudbury (L.A. Richardson, CFB Borden (J.C. Rooney, Moncton

NOMINATIONS FORM

CDA ELECTIVE OFFICES - 1974

NOMINATIONS

Appendix 1, cont'd

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Council on Ethics</u> (2 vacancies) Incumbent - G.E. Decker Incumbent - K.F. Pownall	Completing 2nd term Completing 2nd term	CDA member	3 years	G.H. Peacock, Saskatoon R.J. Warshawski, Vancouver
<u>Council on Health Care</u> (3 vacancies) Incumbent - C.P. Daly Incumbent - J.T. Dowd Incumbent - D.A. Eisner	Completing 1st term Completing 1st term Completing 1st term	Corp.mbr. rep from Nfld. Corp.mbr. rep from N.B. Corp.mbr. rep from N.S.	3 years	C.P. Daly, St. John's J.T. Dowd, Moncton D.A. Eisner, Halifax
<u>Council on Hospital Services</u> (2 vacancies) Incumbent - S.M. Claman Incumbent - A.G. Parnell	Completing 1st term Completing 1st term	CDA member	3 years	B.K. Arora, Saskatoon S.M. Claman, Winnipeg R. Mulrooney, Scarborough A.G. Parnell, London C.M. Robinson, Nelson
<u>Council on Information Services</u> (2 vacancies) Incumbent - D.V. Allen Incumbent - W.B. Chapple	Completing 1st term Serving pro tem appointment	CDA member	3 years	D.V. Allen, Windsor W.B. Chapple, Toronto K.L. Croft, Vancouver J.C. Horn, Saskatoon

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Council on Insurance and Investment</u> (4 vacancies) Incumbent - F.J. Furlong Incumbent - R.A. Hugill Incumbent - D.C. Way Incumbent - O.F. Wright	Completing 1st term Completing 1st term Completing 1st term Completing 1st term	CDA member from Ontario CDA member from Ontario CDA member from Ontario CDA member from B.C.	3 years 3 years	<i>R.M. Beyers, Kitchener)</i> <i>F.J. Furlong, Windsor)</i> <i>R.A. Hugill, Toronto)</i> <i>D.C. Way, London .)</i> <i>O.F. Wright, Vancouver</i>
<u>Council on Legislation</u> (1 vacancy) Incumbent - K.F. Pallett	Completing 2nd term	CDA member	3 years	<i>C.L. Moran, Montreal</i> <i>J.H. Young, Ottawa</i>
<u>Council on Research</u> (3 vacancies) Incumbent - R.C. Burgess Incumbent - C.S.C. Lear Incumbent - P.C. Desautels	Completing 2nd term Completing 2nd term Completing 1st term	Geographic representation if possible	3 years	<i>P.C. Desautels, Montreal</i> <i>D.L. Singer, Saskatoon</i> <i>D.C. Smith, Toronto</i>
<u>Canadian Dental Service Plans Inc.</u> (6 vacancies) Incumbent - J.E. Abra Incumbent - L. Bernier Incumbent - W.S. MacKenzie Incumbent - D.K. Peters Incumbent - J.F. Reid Incumbent - W.J. Spence	Completing 1st term Completing 1st term Completing 1st term Completing 1st term Completing 1st term Completing 1st term	(see paragraph 4 of report)	1 year	<i>Y.M. Cantin, Rawdon Pq</i> <i>R. Dupont, Montreal</i> <i>C.R. Hill, Saskatoon</i> <i>I. Hrabowsky, St. Catharines</i> <i>R.H. McIntyre, Winnipeg</i> <i>W.S. Mackenzie, Toronto</i> <i>D.K. Peters, St. John's</i> <i>R.L. Rasmussen, Calgary</i> <i>J.F. Reid, Vancouver</i> <i>W.J. Spence, Toronto</i> <i>O.F. Wright, Vancouver</i>

NOMINATIONS

Appendix 2

ELECTED OFFICERS, OFFICIALS, COUNCILS 1974-1975

President J.F. Reid, North Vancouver
 President-elect H.L. Mussells, Montreal
 Immediate Past President J.E. Abra, Winnipeg
 Chairman of the Board W.P. Munsie, Vancouver

COUNCILS

Executive	J.F. Reid, Vancouver, Chairman	
	J.E. Abra, Winnipeg	
	H.L. Mussells, Montreal	
	S. Silver, Montreal	1975(1) *
	D.C. Clee, Toronto	1975(1)
	M.J. Crompton, Moncton	1976(1)
	D.L. Rife, Toronto	1976(1)
Constitution and By-laws	H.R. MacLean, Edmonton	1977(2)
	H. Brouillet, Montreal	1976(2)
	P.S. Christie, Halifax	1975(1)
	W.J. Spence, Toronto	1975(1)
Education	E.R. Ambrose, Montreal	1975(1)
	G.E. Decker, Edmonton	1976(2)
	R. Coulombe, Lachine	1976(1)
	F.B. Lavoie, Sudbury	1977(1)
	L.G. Mandin, St. Paul	1976(2)
	W.H. Feasby, London	1975(1)
	J.D. Purves, Toronto	1977(2)
	J.D. McLean, Halifax	1976(1)
	A.G. Hannam, Vancouver	1976(1)
Ethics	R.A. Epstein, Halifax	1975(1)
	G.H. Peacock, Saskatoon	1977(1)
	R.J. Warshawski, Vancouver	1977(1)
	J.P. Beattie, Winnipeg	1976(1)
	M.B. Archambault, Montreal	1976(1)
Health Care	R.G. Dickson, Drumheller	1976(1)
	P.J. Kirby, Edmonton	1976(1)
	D.E. MacFarlane, Vancouver	1976(1)
	J.W. MacKay, Saskatoon	1975(1)
	S. Norquay, Winnipeg	1975(1)
	S. Silver, Montreal	1976(1)
	J.T. Dowd, Moncton	1977(2)
	D.A. Eisner, Halifax	1977(2)
	J.R. Robertson, Summerside	1976(1)
	C.P. Daly, St. John's	1977(2)

* indicates first term
 of office, expiring
 in 1975

NOMINATIONS

Appendix 2, cont'd

Hospital Services	K.C. Bentley, Montreal	1975(2)
	A.G. Parnell, London	1977(2)
	G.K. Hurd, Kitchener	1975(2)
	P. Surprenant, Sherbrooke	1975(1)
	S.M. Claman, Winnipeg	1977(2)
Information Services	W.J. Spence, Toronto	1975(2)
	W.B. Chapple, Toronto	1977(1)
	K.L. Croft, Vancouver	1977(1)
	C. Chicoine, Montreal	1975**
	G.E. Sparrow, Toronto	1975**
Insurance and Investment	R.A. Hugill, Toronto	1977(2)
	M.B. Trepanier, Ancienne Lorette	1976(1)
	R. Rasmussen, Calgary	1976(2)
	F.J. Furlong, Windsor	1977(2)
	R.M. Beyers, Kitchener	1977(1)
	D.C. Steeves, Moncton	1976(2)
	O.F. Wright, Vancouver	1977(2)
Legislation	H.C. Bugden, Ottawa	1976(2)
	J.H. Young, Ottawa	1977(1)
	O.H. Phillips, Ottawa	1975(1)
Nominations	H.L. Mussells, Montreal	
	D.C. Clee, Toronto	1977(2)
	L. Bernier, Quebec City	1976(1)
	W.R. Upton, Vancouver	1975(1)
Research	N.R. Thomas, Edmonton	1975(2)
	A.P. Angelopoulos, Halifax	1975(2)
	S.M. Borden, Winnipeg	1975(1)
	P.C. Desautels, Montreal	1977(2)
	D.L. Singer, Saskatoon	1977(1)
	D.C. Smith, Toronto	1977(1)
	J. deVries, Montreal	1975(1)
	H.M. Dick, Edmonton	1975(2)
	A.M. Hunt, Toronto	1977(1)
	J.G. Silver, Vancouver	1975**
** indicates member filling unexpired term		
CDA Representatives to CDSPI	Y.M. Cantin, Rawdon	1975(1)
	R. Dupont, Montreal	1975(1)
	C.R. Hill, Saskatoon	1975(1)
	I. Hrabowsky, St. Catharines	1975(1)
	R. Rasmussen, Calgary	1975(1)
	O.F. Wright, Vancouver	1975(1)

ORAL SURGERY S

EXECUTIVE: S. Weinberg, President, Toronto; S. Claman, President-elect, Winnipeg; H. Phillips, Secretary, Toronto; V.K. Seth, Treasurer, Vancouver; P. Mercier, Immediate Past President, Montreal

R E P O R T

1973 ANNUAL MEETING

1. The 1973 Annual Meeting of the Canadian Society of Oral Surgeons was held at Mt. Gabriel Lodge in the Laurentians from October 7 to October 10. It was well attended and a great success.

1974 ANNUAL MEETING

2. The 1974 Annual Meeting will be held in Toronto from October 3 to October 6. In place of a headline speaker we will have several prominent clinicians and researchers from the Toronto area.
3. Dr. W.S. Hamilton was appointed as an Honorary Member of the Canadian Society of Oral Surgeons.
4. A dental services report was submitted which showed a cross section of oral surgery health plans across the country. This list was revised somewhat and will be submitted in its final form to the Canadian Dental Association.
5. Annual dues increase to \$100 was introduced.
6. Discussion was undertaken as to whether the limitation of practice regulation should be eliminated as a criterion for membership in the Canadian Society of Oral Surgeons. This was tabled for further discussion.

This report is informative. The Oral Surgery Section is commended for its work during the year.

ORTHODONTICS S

EXECUTIVE: F.J. Furlong, President, Windsor, Ont.; D.A. Eisner, President-elect, Halifax, N.S.; R. Mullen, Vice President, Edmonton, Alta.; J.J. Schacter, Secretary-Treasurer, Saskatoon, Sask.

R E P O R T

1973 ANNUAL MEETING

1. The 1973 annual meeting of the Canadian Association of Orthodontists was held in Vancouver, October 12 - 15, during the Canadian Dental Association Convention. It was a most successful meeting with approximately ninety registrants. The Grieve Memorial Lecture was presented by Dr. James E. Harris.
2. Nine new members were elected to membership, bringing the total membership to 215.
3. A motion was approved that the Association urge the Canadian Dental Association, as an organization and its members individually, to exert every effort possible at all levels of government to hasten development of a comprehensive preventive education program in the field of dental health for all Canadians.
4. A motion was approved that the annual meeting and scientific sessions be held in Toronto, September 28 - October 1, 1974, as an Interspecialty Conference. Subsequently the dates were changed to October 3 - 6, 1974 to better fit into the Canadian Dental Association meeting schedule.
5. A motion was approved that, in honour of Dr. J.E. Abra being elected to the Presidency of the Canadian Dental Association, the sum of \$100 be given to the Canadian Fund for Dental Education.
6. Dr. R. Mullen presented the Dental Auxiliary Report. (see Appendix 1) A motion was approved that this report be sent to the component sections requesting that they bring it to the attention of their membership and requesting a reply. Also that it be sent to the Committee on Auxiliaries of the CDA Council on Health Care. Subsequently, Dr. Mullen attended the Canadian Dental Association's Conference on Dental Auxiliaries.

1974 ANNUAL MEETING

7. An Interspecialty Conference has been scheduled for the Hyatt Regency Hotel, October 4, 1974, to be followed by the Canadian Association of Orthodontists meeting, October 5 - 6, with the Grieve Memorial Lecture to be given on October 7 by Dr. Robert Moyers.
8. One of the most important aspects of this meeting will be the discussion scheduled on Prepaid Orthodontics, a presentation by Dr. David Hamilton, Chairman of the Great Lakes Society of Orthodontists Insurance Committee.

9. Other papers are to be presented on Treatment Planning by Dr. Sheldon Rosenstein, Northwestern University; Dr. Jack Dale, University of Toronto; Dr. Frank Popovich and Dr. Gordon Thompson, both in relation to the Burlington Study.

1975 ANNUAL MEETING

10. The 1975 meeting is tentatively scheduled for St. John's, Newfoundland.
This report is informative.

Appendix 1

PROPOSED EXPANDED ORTHODONTIC DUTIES FOR DENTAL AUXILIARIES

1. Expansion of duties for dental auxiliaries must be predicated on the assumption that their basic program is preparing them thoroughly for present job requirements and that their development and maturation as professionals has placed them at a point in time when they are ready to assume further responsibilities by the addition of more complex procedures to their job responsibilities.
2. In the field of orthodontics the following list of expanded duties would be desirable over and above general core training for dental auxiliaries as a basic orthodontic program.
 - (1) exposing and processing of intraoral, cephalometric and panoramic x-ray pictures as well as taking photographs both intra-oral and extra-oral;
 - (2) securing impressions for and processing of diagnostic study models;
 - (3) rubber cup prophylaxis and fluoride application to the teeth prior to cementation of orthodontic appliances;
 - (4) removal of excess cement from the mouth following cementation of orthodontic appliances;
 - (5) removal of and ligating to place arch wires formed by the orthodontist;
 - (6) removal of orthodontic appliances, scaling and prophylaxis of the teeth at termination of active therapy;
 - (7) securing of work models for fabrication of passive retaining appliances as well as removable orthodontic appliances used in minor orthodontic procedures;
 - (8) placement and removal of orthodontic separation prior to band placement.

Appendix 1, cont'd

3. It is recommended that these duties must be done under the effective direct physical supervision of the orthodontist. There are varying degrees of responsibility involved in the listed expanded duties. Some require minimal training to master and others should not be attempted without extensive training and clinical experience.
4. Beyond this stage of training, the forming and fitting of orthodontic bands prior to cementation by the orthodontist should be considered. This is a job responsibility that requires an extremely high level of manual dexterity and training skill. Extensive training in this sphere will be required and should be provided only for selected candidates with demonstrable digital skills and ability in the basic orthodontic program. There are few procedures in orthodontics with more inherent risk of damage to oral tissue than poorly or improperly fitted orthodontic appliances. Exact band placement and bracket alignment is one of the most critical factors in the achievement of a good functional occlusion. The forming and fitting of orthodontic bands prior to cementation by the orthodontist could be an added and most important duty for the orthodontic auxiliary.
5. Some of these expanded duties must and should be taught within the framework of the Dental Auxiliary programs. Many, however, will require the time and instruction provided only in the clinical environment of our practices. To gain experience and proficiency in these procedures will require the direct supervision of the orthodontist. We, as orthodontists, will have to be prepared to give this training in our offices if we are to realize the full potential of the dental auxiliaries in the orthodontic field.

PAEDODONTICS

EXECUTIVE: R.S. Margolis, President; J.G. Perreault, Past President; B.A. Richardson, Vice-President; F. Pulver, Secretary-Treasurer

R E P O R T

1. The Canadian Academy of Paedodontics sponsored a one-day meeting in Vancouver on October 14, 1973. The sessions were open to all and were well attended. Speakers included Dr. F. Pulver, Toronto, and Dr. K.C. Titley, Toronto.
2. The Academy wishes to thank the Canadian Dental Association for the financial assistance for the 1973 program realized through the shared registration arrangement.
3. Membership has continued to increase during the past year with the addition of recent graduates in paedodontics. There are 46 active members and 10 new applicants to be voted upon.
4. During the year three newsletters were sent to the membership and good communication has taken place.
5. A questionnaire was mailed to our membership regarding the meeting on dental auxiliaries which was held by the Canadian Dental Association on January 23-25. This questionnaire was answered by over 90% of our members. The results were used by our delegates to that meeting: Drs. R.S. Margolis, G.M. Jinks and A.G. Kluzak.
6. The reports from our delegates will be discussed at our annual meeting to be held on Friday, October 4, 1974 at the Hyatt Regency Hotel, Toronto.
7. The scientific portion of our 1974 annual meeting will be held at the Hyatt Regency Hotel in Toronto under the auspices of the Royal College of Dentists of Canada on October 4.
8. The 1975 meeting will definitely take place in Toronto jointly with the Toronto chapter of the Canadian Society of Dentistry for Children. It will be a two-day meeting. It will be a National Congress of Dentistry for Children.
9. A motion was passed at the business meeting in Vancouver with regard to a possible amalgamation with the Canadian Society of Dentistry for Children. Communication has been made with Dr. D. Rife, Secretary-Treasurer of the CSDC. Further communication will occur after our forthcoming meeting in Toronto. The constitution of the Canadian Academy of Periodontics is being studied since they admit associate members who are general practitioners in dentistry.
10. The Canadian Academy of Paedodontics looks forward to the next two years with great anticipation.

This report is informative.

PERIODONTICS S

EXECUTIVE: G.A. Drennan, President, Vancouver;
J. Findlay, President-elect, Halifax;
J.D. Stewart, Secretary-Treasurer, Peterborough

R E P O R T

1973 ANNUAL MEETING

1. Last year's annual meeting was held in Vancouver, B.C. at the Hotel Vancouver on October 12 and 13, 1973. Twenty-nine members were in attendance, as well as several visitors. The program opened with a welcome by last year's President, Claude Durand of Montreal, and featured periodontists associated with the Universities of Alberta, British Columbia, Washington, Oregon and the University of the Pacific (San Francisco).

MEMBERSHIP

2. Present membership includes 83 active members, 29 associates, 2 honorary and one retired. Our members come from all provinces except New Brunswick, Prince Edward Island and Newfoundland, but members are located mainly in clusters in Canada's major cities (Montreal, Toronto, Winnipeg, Edmonton and Vancouver). They tend to concentrate their interests on provincial matters and local university affairs to the detriment of the full national scene.
3. We lack a feeling of cohesiveness. This is due in part to the distances between major urban centres. Canada's paucity of graduate training facilities forces most of our periodontics students to seek training outside our boundaries. Those who do return generally retain active affiliation with non-Canadian periodontics associations. Although this contributes to eclecticism, it does not strengthen our national unity.

ACTIVITIES

4. Our main activities include a Newsletter and book prizes. A book prize is offered to the student achieving the highest marks in periodontics at each Canadian university. The Newsletter, edited by Dr. E.M. Hershenfield of Montreal, was published as part of the August 1973 issue of the CDA JOURNAL. Increased publishing costs preclude future inclusion in the JOURNAL although members are encouraged to submit articles to the JOURNAL. An attempt will be made to make our Newsletter a more personal vehicle of communication by including local area problems, personalities and scientific content.

OFFICERS

5. Dr. John Findlay of Halifax is the President-elect. Dr. J.D. Stewart

of Peterborough continues to give yeoman service as our Executive Secretary/Treasurer.

1974 ANNUAL MEETING

6. The program chairman for 1974 is Dr. R.S. Turnbull of Toronto. There will be a combined specialties meeting at the Hyatt Regency Hotel in Toronto on Friday, October 4. On the following day, the Canadian Academy of Periodontology plans its scientific session and business meetings. An innovation this year for the Canadian Academy will be a Past Presidents' Breakfast. It is hoped that this will become an annual event. It is an effort to enlist the continued support of our former executive members as an advisory group and to benefit from their experience.

DEATH OF DR. GARVIN

7. We are saddened to report the death of one of our honorary members, Dr. M.H. Garvin of Winnipeg on June 28, 1974. He was approaching his 95th year. It was a privilege to have him attend our Vancouver meeting, where he responded with both wit and spirit to Dean J.W. Neilson's introduction. Dr. Garvin was the first Canadian to become President of the American Academy of Periodontology. Over the years he has made many contributions to periodontia.

This report is informative.

PRESIDENT

John E. Abra

R E P O R T

1. Mr. Chairman, distinguished guests, ladies and gentlemen.
2. Mes amis de Quebec: I apologize for not having my remarks translated into French but as you are well aware by now my talents in that direction are limited. However I assure you translation will be available in the transactions of this meeting and with the aid of our translators who are now on duty plus your knowledge of English I hope the difficulty will be overcome.
3. It seems inevitable that every annual meeting of any organization must have inflicted on it an address by its President. I realize you might suffer but on the other hand it is a pleasure for me because I am greeting many old friends.
4. We have reached the end of another year in the life of the Canadian Dental Association. The ancient Romans represented Janus, the God of January, as a two-faced diety who looked forward and backward. Even though this is October it is appropriate for us to look backward at past achievements and forward to what the future might hold for our profession.
5. During the past year we have been saddened by the deaths of three of our past presidents, Drs. John Clay, Harry Garvin and Gustave A. Ratte. Looking back over the history of our organization these three men played a major part in guiding the affairs of our association to the place of prominence it has today. We also lost our beloved past-Executive Director, Don Gullett. As a young man, more years ago than I like to remember, Don was secretary of the Royal College of Dental Surgeons of Ontario, secretary of the Ontario Dental Association and Secretary of the Canadian Dental Association all at the same time. He had a desk with three drawers - one for each organization. Probably no one person did more to lead our profession to its present eminence and I am happy to announce that your Executive Council have presented a resolution which will be considered by this Board at this meeting which will set up some type of a memorial to this great man.
6. From the reports that have been sent to you and from those which will be distributed during the meeting you will realize that a great deal of work has been done by the various Councils and Committees of our organization. At this time I think it appropriate to thank the chairmen and members of these Councils for their diligence on behalf of the dentists of Canada. I assure them that their hard work is appreciated.
7. There have been many accomplishments by your association during the past year but I shall only touch on a few as most of them are set out in the report of the Executive Council.

PRESIDENT

8. Probably the most important body that has been meeting this past year is the Task Force on the Future of the Canadian Dental Association. You have the report of that committee before you and it will have preliminary discussion at this meeting. We were indeed fortunate in having as its chairman Dr. J.B. Macdonald, and I would like to publicly thank him and his committee which was made up of a representative from each province for their dedication. With legislative changes regarding the professions being made by several of our provinces, it is abundantly clear that we must revise our constitution and by-laws to conform. This will require time and effort on the part of all of you, but it must be done if we are to control our own destiny.
9. Early in the year the Conference on Auxiliaries was held in Banff. The proceedings of the conference have been amply reported in the Journal. Certainly the timing could not have been better because during the year several of our provinces have instituted dental health care plans involving the use of auxiliaries in one form or another. We all know that proper utilization of the various auxiliaries available to us can greatly increase the amount of dental treatment that can be delivered. Our profession must face the fact that if we do not come up with the answer to providing better dental care, the various governments and their bureaucrats will attempt to, and the results may be disastrous to the dental health of our nation.
10. Once again your convention committee has come up with a winner, despite the difficulties of having to change the venue from Windsor to Toronto on relatively short notice. At this time I would like to voice appreciation to the dentists of Windsor for their cooperation and thank them for their efforts and continued support. Since 1971 when the change in policy of holding our national convention alone was implemented it has increased in size and influence each year and we will soon find difficulty in arranging for places large enough. I am told that last year's meeting in Vancouver was the largest dental convention ever held in Canada and the prospects for this meeting look as if even that record will be broken.
11. I had the honour of representing this organization as a delegate to the Federation Dentaire Internationale meeting in London last month. It was most gratifying to realize the esteem in which Canadian dentistry is held at these international meetings. This is due, in no small part, to the efforts of our Executive Director who has become a pillar in the structure of this great organization as was shown in his re-election as a vice president for a three year term and also being made an honorary member of the British Dental Association. If I might be allowed to add a personal note, I should like to express my appreciation to Bill who has been my strong right arm during the past year. His advice and friendship have been an inspiration to me and I cannot ever express in mere words my gratitude and thanks. As you are aware Canada will be hosts to the FDI here in Toronto in 1977. A great deal of the planning has already been done by our convention committee under

PRESIDENT

the leadership of Murray Cornish and while I am handing out kudos I would like to thank him for the terrific job he is doing for us both at home and abroad. I would also like to thank personally the dedicated staff at headquarters for their faithful service throughout the year. We as Governors can make decisions on policy but in most cases it is the people at 234 St. George Street who carry out our directions and hold the Association together.

12. Despite many road blocks, plans for the Ottawa building are progressing and I can now report that the architect has been given direction to complete the final working drawings and to submit them for tender. I had hoped that I would be able to announce at this meeting that the first sod had been turned but alas this is not to be.
13. Now to the future.
14. Certainly the future of our organization is going to be shaped by the changes that are made in our constitution and by-laws after consideration of the Task Force report. You as Governors of this association must be prepared to give leadership in the moulding of our new organization. It is going to require a great deal of time and effort on the part of all of us. We cannot, nor should we, leave this to the staff at headquarters - dedicated and hard working as they are. They are not the ones who should be shaping the future and deciding the destiny of dentistry in Canada. It is for you as leaders in the profession of dentistry who must do this job and I urge you with all the persuasiveness I can muster to get busy and do the job you have been elected to do.
15. I have been gratified during the past year to receive the Journals and Newsletters from all the provinces of Canada. It has given me a new insight into the activities of our profession that I did not have before. As I went across our great country from Vancouver to St. John's during the year, I found everywhere men and women of goodwill anxious about the problems of dentistry and the CDA. For the most part they are what I call "givers". We all know there are givers and takers in dentistry as there are in any profession. The givers are the fellows who are always ready to do a job, serve on a committee or do everything possible to further the aims of their profession. On the other hand we have the takers who give nothing but criticism. They are always too busy to take on a job, but let anything go wrong in their profession and they are loudest in their denunciation of the powers that be.
16. No matter what governments and bureaucrats try to do to our profession I am sure that the individual dentist will always be the cornerstone on which is built any system that provides dental health care. It is therefore essential that he belong to strong vital organizations that have the will and ability to speak out

PRESIDENT

on any issue that affect dentistry. Alone, we are voices crying in the wilderness. The Canadian Dental Association has a powerful potential to do these things, but it can only do them if the profession is united and strong in its support. Most importantly our organizations across the country must enforce rigid adherence to a professional code of ethics. You would be amazed to read some of the letters I get from dissatisfied patients. Any man serving on a mediation committee or a provincial Board knows what I am talking about. We all know that a single bad apple can spoil a whole barrel but we can do without the fellow whose idea of the Golden Rule seems to be to "Do the other fellow before he has a chance to do you". The best deterrent to the socio-economic health proposals of government are satisfied patients and a magnanimous approach to satisfying the dental needs of all the people. In recent years our profession, technically and socio-logically, has surpassed the fondest dreams of those who preceded us. We must make sure that our morality keeps pace with these technological advances. Erosion from within due to apathy, indifference and ignorance can quickly destroy any organization and our profession is no exception. We also impede our own progress when we fail to utilize the talents of each of our members. Growth of any organization requires active participation. Only by being active in the affairs of our association can we add to its value or receive much from it. To paraphrase the late John F. Kennedy's remark: "Ask not what the CDA can do for me but rather what can I do for the CDA". The challenge is there; there is no doubt in my mind that the talent is available; it only remains for each of us to do his bit to ensure that our profession attains the position of eminence we know it deserves.

17. Finally on a personal note may I thank all of you who have been so kind to Marion and me during my term of office. Everywhere we have travelled, and that has been to every region of our great country, we have received the hospitality that Canadians are noted for. It has been an honour and a privilege to serve.

The Board wishes to express its sincere thanks and appreciation to President Abra and Mrs. Abra for their untiring and devoted efforts on behalf of the Association during a most successful term of office.

PUBLIC HEALTH

EXECUTIVE: J.V.P. Chatwin, President, Ottawa, Ont.; W.C. King, President-elect, Halifax, N.S.; A.T. Salter, Treasurer, Edmonton, Alta.; J.M. McConchie, Secretary, Surrey, B.C.

R E P O R T

1973 ANNUAL MEETING

1. The annual meeting of the Canadian Society of Public Health Dentists was held in Vancouver on October 14, 1973.
2. A panel discussion of "Behaviour Modification" was presented jointly with the Canadian Dental Nurses' and Assistants' Association during the Scientific Session. This meeting was well attended by other members of C.D.A. as well as members of this Section.
3. Membership applications from eight dentists for active membership and three for associate membership were approved. There are at present 86 active members and 6 associate members.

SPECIALTY STATUS

4. The application for specialty status for Dental Public Health was submitted to the Council on Education. Approval was subsequently granted by the Board of Governors at their 1973 annual meeting.
5. A committee under the chairmanship of Dr. D.W. Lewis was appointed to deal with the matter of graduate education and other requirements for individual certification as Specialists by the Royal College of Dentists of Canada.
6. Communication has been established with the Royal College of Dentists of Canada in regard to education and residency requirements for certification.

PUBLIC RELATIONS

7. In the interests of improved communication and dissemination of knowledge between the members in all the provinces, the News Bulletin of this Society has been revitalized. J.V.P. Chatwin was appointed Chief Editor and is assisted by three regional editors.
8. This Section was represented at the Conference on Dental Auxiliaries which was held in Banff, in January, 1974.

This report is informative.

RESEARCH

MEMBERS: N.R. Thomas, chairman, Edmonton; A.P. Angelopoulos, Halifax; S.M. Borden, Winnipeg; R.C. Burgess, Toronto; P.C. Desautels, Montreal; J. deVries, Montreal; H.M. Dick, Edmonton; C.S.C. Lear, Vancouver.

R E P O R T

MEETINGS

1. The Council's annual meeting was held in Digby, Nova Scotia, on June 13-14, 1974. The locale was selected in order that members might also attend the 8th Biennial Conference on Canadian Dental Research and Education held at the Digby Pines immediately following the CDA meeting. Regrettably three Council members were absent: A.P. Angelopoulos (on sabbatical in Greece), J. deVries and C.S.C. Lear (unable to attend due to prior commitments). The vacancies which had been created by the resignations of Drs. A.J. Gwinnett and J.E. Stakiw had not been filled. Council were pleased to welcome Dr. K.J. Paynter of Ottawa, Director of the Grants Program, Medical Research Council, for part of the meeting.

COMMITTEE ON STANDARDS FOR DENTAL MATERIALS AND DEVICES

2. The members of the committee are: Drs. D.C. Smith (chairman), P.C. Desautels, D. Gau, L.N. Johnson, Z. Kasloff, R.Y. Barolet. Dr. Smith's report to the Council is printed in Appendix 1.
3. Details of the committee's activities have been made available to Council throughout the year through distribution of the committee minutes. Particular interest was exhibited in their production of "status reports" for publication in the CDA JOURNAL, the first of which appeared in the July 1974 issue.
4. In October 1973 the CDA were invited by the Canadian Standards Association to participate in a projected Sectional Committee on Health Care Technology with representatives from the Department of National Health and Welfare, Canadian Medical and Biological Engineering Society, Canadian Association of Manufacturers in the Medical and Biological Sciences, Inter-Society Council on Laboratory Medicine and the Canadian Hospital Association. The purpose of the Committee was stated to be the development of new standards in the field of health care, and the attendant ramifications thereof (e.g. priority, target date, estimate of required resources, end use of the standard, etc.)
5. The Council approved in principle an approach by the committee chairman to CSA to obtain clarification of CDA responsibilities with respect to their Committee's organization, budgetary support and the way in which dental standards, if developed by this CSA Committee, would be utilized.

RESEARCH

6. Having completed their first terms of service on this committee, Drs. Smith, Gau and Johnson were requested to accept a further three-year appointment. Dr. Z. Kasloff, whose leadership provided the bases for the considerable amount of valuable work which has already been accomplished by the Committee on Standards for Dental Materials and Devices, is now living in the United States. Because of this fact and because of a desire to broaden the base of knowledge in the committee from dental materials only, the Council Chairman was authorized to make an appointment to fill the vacancy created by Dr. Kasloff's term expiration.
7. Council's sincere appreciation was expressed to Dr. Kasloff on his retirement from the committee and to Dr. Smith and his current committee membership for their leadership and interest in this valuable field of CDA endeavour.
8. Council also noted with pleasure that an application for funding of committee activities (see para. of Appendix 1) had been approved by the Canadian Fund for Dental Education.

METRIC COMMISSION

9. As reported to the Board last year (1973T198) liaison with the Metric Commission in Canada had been commenced; subsequent to the Board meeting, Dr. D.C. Smith had been appointed CDA representative to the health and welfare sector of the Commission in order that dentistry might be kept apprised of activities in this area.
10. It was noted that serious activity appeared to have begun and at Dr. Smith's suggestion the Council on Research recommended to the Executive Council that a small ad hoc committee be appointed to assist the dental profession in converting to the metric system. Comment on this suggestion will appear in the Executive Council's report to the Board.

FORMATION OF A COMMITTEE ON DENTAL THERAPEUTICS

11. After a year of study, the ad hoc committee on formation of a Committee on Dental Therapeutics, under the chairmanship of Dr. Joan deVries, reported to the Council.
12. A resolution was forwarded to the Executive Council, in accordance with CDA by-law Article XIV, Section 3(e) which requires that any activities contemplated by a Council which are not covered by their stated duties must be sanctioned by the Executive Council or the Board of Governors, requesting approval for the establishment of a standing Committee on Dental Therapeutics of the Council on Research. The purpose of the committee would be to receive, collate, review and disseminate information on drugs or other agents used for preventive or therapeutic purposes in dental practice. The Council suggested a "scope of surveillance" for the new committee, as well as the basic composition of a chairman and four members

RESEARCH

including a basic pharmacologist, a clinical dental pharmacologist a microbiologist, a person from preventive dentistry and a person from oral medicine. Action on this recommendation will appear in the Executive Council's report to the Board of Governors.

COUNCIL ON RESEARCH ROLE

13. Council has studied its current terms of reference as detailed in CDA by-laws, namely: "(i) to procure funds for the support of research in dentistry; (ii) to disseminate scientific knowledge; (ii) to support, establish and encourage research; (iv) to develop research personnel".
14. In the belief that in recent years little of the original objectives of the Council had been pursued and that Council's time had been unprofitably spent on housekeeping activities more properly conducted at committee level, it was unanimously agreed that a reorganization of the Council and its terms of reference was needed. Appendix 2 represents a position paper on this subject prepared for the Council by Dr. R.C. Burgess.
15. The following resolution is presented for Board approval:

RESOLVED

that the Council on Research be reconstituted under the existing name or as the National Council on Dental Health Research, with representation from the Medical Research Council and other national agencies interested in dental research and possibly the Association of Canadian Faculties of Dentistry, and

that the new Council function with the following terms of reference:

- (1) to obtain, collate and disseminate data on the extent of funding for dental research in Canada;
- (2) to make dental researchers aware of all existing sources of support for dental research and encourage other funding agencies and foundations to support dental projects;
- (3) to press the case for adequate funding of health research in general and dental research in particular to the press, members of parliament and to cabinet members; to enquire into the adequacies and deficiencies of granting policies of the major funding agencies (MRC, DNH&W) and to press for policy changes which would allow more effective development of dental research; and
- (4) that the membership of the Council be persons of authority and prestige who are able to

RESEARCH

influence the flow of research monies and the direction of dental research in Canada, the composition of which should be: a chairman, and four or five other members including the dental representative on the Medical Research Council and the dental representative on the National Health Grants Agency (DNH&W) and two or three representative dental research workers.

The Board of Governors does not agree with this resolution and recommends a substitute resolution as follows:

RESOLVED

that the Council on Research be reconstituted under the same name, with representation from the Medical Research Council, the Department of National Health and Welfare, and the Association of Canadian Faculties of Dentistry, and

that, consistent with the Council's basic purpose to (a) support, establish and encourage research; (b) disseminate scientific knowledge; (c) develop research personnel; and (d) procure funds for research in dentistry, the following terms of reference be approved:

- (1) to obtain, collate and disseminate data on the extent of funding for dental research in Canada;*
- (2) to make dental researchers aware of all existing sources of support for dental research and encourage other funding agencies and foundations to support dental projects;*
- (3) to press the case for adequate funding of health research in general and dental research in particular to the press, members of parliament and to cabinet members; to enquire into the adequacies and deficiencies of granting policies of the major funding agencies (MRC, DNH&W) and to press for policy changes which would allow more effective development of dental research;*
- (4) to appoint such committees, consistent with the purposes of the Council, as are necessary to the Council; and*

that the membership of the Council be persons of authority and prestige who are able to influence the flow of research monies and the direction of dental research in Canada, the composition of which should be: a chairman and four or five other members including the dental representative on the National Health Grants

RESEARCH

Agency (DNH&W) and two or three representative dental research workers.

On motion from the floor:

RESOLVED

that the preceding substitute resolution be tabled until discussion of the Task Force Report has been completed.

Adopted

16. Although specific suggestions were not made for the Council membership, Council is prepared to recommend the type of individual which might be sought.
17. The present Council has also recommended to the Council on Nominations that the vacant positions on the Council on Research in 1974 be left unfilled until the new Council composition suggested in paragraph 15 is realized. Because of the late scheduling of the Council meeting, it was not possible to delay solicitation of nominations for this year. (see para.21)

FORMATION OF A NEW COUNCIL ON HEALTH PROTECTION

18. In the opinion of the Council on Research, the activities of the Committee on Standards for Dental Materials and Devices, and the Committee on Dental Therapeutics are outside their purview as defined by the current CDA by-laws and as envisaged for the proposed new Council.
19. The following resolution is presented for Board approval:

RESOLVED

that a new Council on Health Protection (or Dental Therapeutics, Materials and Devices) be established to provide a steering and coordinating group through which the Committees on Dental Therapeutics and on Dental Materials and Devices could act, and

that the membership of this Council include: a chairman, the two committee chairmen and one or two other members who could be drawn from within or without the Committees.

The Board of Governors does not agree with this resolution and recommends a substitute resolution as follows:

RESEARCH

RESOLVED

that the Council on Research be requested to establish, within its structure, a Committee on Dental Therapeutics and maintain the Committee on Standards for Dental Materials and Devices, and

that when the investigative requirements placed on the said committees are beyond their technical capacity, the Council on Research give consideration to the feasibility and desirability of securing appropriate consultative services.

Adopted

20. The Council are of the opinion that if a new National Council on Dental Health Research were established, its members should not also be members of the Council on Health Protection or its committees. (see para. 21)
21. In making the suggestions in paragraphs 15 and 19, Council is cognizant of the studies being conducted by the Task Force on CDA Organization and the possibility of similar or more radical changes being recommended by it at the 1974 Board meeting.

SUMMARY OF NATIONAL HEALTH GRANTS, PUBLIC HEALTH GRANTS AND RESEARCH ACTIVITIES, D N H & W

22. The Council annually receives a summary of the above grants and activities from the Department of National Health and Welfare, for which it is most grateful. This information is available on request from the Council secretariat.

MEDICAL RESEARCH COUNCIL

23. Council was extremely pleased that Dr. K.J. Paynter, Director of the Grants Program, Medical Research Council, had found it possible to attend the Council meeting. Copies of his address are also available from the CDA office on request.

CANADIAN DENTAL RESEARCH FOUNDATION

24. Council were once again disappointed at the small number of participants in the essay competition funded by the CDRF, and have requested its Awards Committee to develop recommendations for change in the contest which might result in a higher degree of participation. For the 1974-75 year, Council has altered the competition rules by accepting previously published papers on a candidate's graduate work either currently in press or already published in a scientific journal, provided the candidate for the competition is the senior author. Such manuscripts or publications must be submitted within one year of completion of the graduate program.

RESEARCH

25. Council congratulated the winner of the 1973 competition, Dr. David J. Kenny of Toronto, and noted that he had been invited to attend the 8th Biennial Conference on Canadian Dental Research and Education. Dr. Kenny will be presented with his award at the Opening Ceremonies of the 1974 CDA Convention in the Four Seasons-Sheraton Hotel, Toronto, in October.
26. The auditors' statement for the CDRF for the year ended December 31, 1973 was approved, and the following officers appointed for the year 1974-75: H.M. Dick, President; N.R. Thomas, Executive Member; W.G. McIntosh, Secretary.

CANADIAN FUND FOR DENTAL EDUCATION

27. Council expressed its appreciation to the Board of Trustees of the Canadian Fund for Dental Education for support of research activities during the year, including the Committee on Standards for Dental Materials and Devices, and the 8th Biennial Conference.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

28. A request was received from the Association of Canadian Faculties of Dentistry for the establishment of a joint ACFD/CDA conference site committee, consisting of two members from the Council on Research and two from the ACFD. Council concurred and the Chairman was asked to relay its agreement to the ACFD; if the committee is established, Dr. Thomas is authorized to select the CDA representatives.

8th BIENNIAL CONFERENCE ON CANADIAN DENTAL RESEARCH AND EDUCATION

29. The 8th Biennial Conference was to be held in Digby immediately following the Council meeting. The Conference was chaired by the CDA Council Chairman, Dr. N.R. Thomas. A full report will be made available as soon as possible.

FLUORIDATION

30. Council noted with pleasure that Mr. Lloyd Bowen had been re-engaged as CDA fluoridation officer and that his services would be available until the end of 1974. At Mr. Bowen's request, the current "Statement on Fluoride Supplements" will be updated during the coming year.
31. Dr. R.C. Burgess has been the Council's chief consultant on preventive dentistry since the June 1972 meeting. During his absence on sabbatical until January 1975, Dr. J.A. Hargreaves of Toronto has agreed to assist the CDA office with fluoridation problems.

RESEARCH

NUTRITION CANADA SURVEY

32. Early this year Dr. D.C.T. Bullen of Comox referred to Council the suggestion in the 1973 report of the Department of National Health and Welfare (NUTRITION CANADA SURVEY, p.122) that "researchers inside and outside government agencies ..participate in further analysis..of the data". In the belief that the dental data should reveal some very interesting co-relations with the high sugar diets of Canadians and should be publicized by the CDA, the matter was referred for study to the new Committee on Dental Therapeutics, if established.

Paragraph 32 provides substantial evidence of the need for further study of the dental data contained in the Nutrition Canada Survey. In support of this need, the following resolution is presented:

Whereas the implication of the Nutrition Canada Survey could be highly significant in the health of the Canadian public, be it

RESOLVED

that the Council on Research be requested to refer the Nutrition Canada Survey to the Committee on Dental Therapeutics in order that an early assessment could be received by the Council, from which appropriate recommendations could be made.

Adopted

CANADIAN COUNCIL ON ANIMAL CARE

33. Dr. Angelopoulos, the Council's representative on CCAC, reported by letter that no activity had occurred in this area during the past year.

RESEARCH

Appendix 1

REPORT OF THE COMMITTEE ON STANDARDS FOR DENTAL MATERIALS AND DEVICES

1. The Committee has met on two occasions since the last meeting of the Council: September 25, 1973 and March 29, 1974. Minutes of these meetings have been provided to Council.
2. At its September meeting, the Committee reviewed in detail its modified terms of reference as a basis for the new work which the Committee could undertake. It was agreed that an approach to the federal government should be made in respect of testing facilities for a dental standards program. It was decided that the Committee should provide an educational service to the profession through the provision of status reports or commentaries on new materials or devices. Such information could also be used for news releases to the public from the Association. It was further agreed that consultant opinion from inside or outside the Committee would be provided in answer to queries made to the Association on dental materials or devices.
3. Encouragement was given to the continued collaboration with the Medical Devices Division, Health Protection Branch, Department of National Health and Welfare, in relation to the official adoption of dental standards and an enforcement program.
4. The Committee determined that its terms of reference did not include responsibility for materials which had a pharmacological action and considered that a Committee on Oral Therapeutics or Drugs should be set up by the Council on Research.
5. The Board of Governors of the Canadian Dental Association in a resolution adopted at the annual meeting in Vancouver in October 1973 (1973T199) endorsed the need to establish national specifications and standards for dental materials and devices and urged the Committee to pursue a co-operative pilot project with the federal government to demonstrate the viability of a government-sponsored testing facility.
6. The meeting of the Committee on March 29, 1974 considered the progress which had been made in several areas previously delineated. The need for adequate funding of the Committee's activities was reviewed. It was moved that an application be made to the Canadian Fund for Dental Education for further support for 1974-75. The Chairman of the Committee recently received notification from the CFDE that a grant of \$2,000 has been made towards the Committee's budget for 1974-75.
7. Developments with respect to the establishment of a standards program were discussed and progress through both the Standards Council of Canada and the Canadian Standards Association was reported. An invitation to join the Sectional Committee on Health Care Technology of the CSA was reported and clarification of certain points was requested before the invitation would be accepted.

RESEARCH

Appendix 1, cont'd

8. A number of draft status reports for publication in the JOURNAL were considered and tentative publication arrangements made following a revision. Future topics were assigned to specific Committee members.
9. Continuing liaison with the Metric Commission was reported and the need for a CDA subcommittee to deal with metrication was suggested.
10. The Committee heard a resolution from the CDA Council on Health Care concerning the cost and supply difficulties with dental metals. Several points for a reply were outlined among which was a need for an approach to the federal government to express the lack of information, research and development in the area of gold substitute alloys.
11. The Chairman attended a meeting with Dr. R.W. Campbell, Head, Medical Devices Division, Department of National Health and Welfare, and his staff on May 28 in Ottawa. A scheme of collaboration with the CDA was worked out and agreement reached on a pilot scheme to be implemented on the testing of dental materials.

Appendix 2

CDA COUNCIL ON RESEARCH: position paper prepared by Dr. R.C. Burgess

1. For the past several years the members of the Council on Research have become increasingly aware of the disparity between its original terms of reference and its current functions.
2. The CDA, through its Council on Research, provided much leadership in the early days of dental research through the initiation of the summer undergraduate research scholarships and the Biennial Conference on Dental Research; the Council also provided a valuable meeting ground for research-oriented representatives from the various dental schools.
3. However, important changes have taken place in the past five years. Dental research is now largely funded by the Medical Research Council and both dental education and research are claimed as the legitimate concerns of the new Association of Canadian Faculties of Dentistry. The latter association now organizes the Biennial Conferences on Canadian Dental Education and Research, with token liaison with the CDA.

RESEARCH

Appendix 2, cont'd

4. Thus, for some time, the Council on Research has been trying to grapple with changing and often conflicting responsibilities:
 - 1) the stated terms of reference of Council, namely: (a) to procure funds for the support of research in dentistry; (b) to disseminate scientific knowledge; (c) to support, establish and encourage research; (d) to develop research personnel;
 - 2) the personal desire of the Council members and others to see the CDA continue an association of dental research workers;
 - 3) the need of the profession to be informed of the value of specific dental therapeutic procedures and of the acceptability of specific dental materials and devices.
5. The membership of the Council has gradually been slanted toward these last two responsibilities but has never satisfactorily fulfilled them due to its diverse makeup and its infrequent meetings. However, the creating of the working committee on dental materials and devices has been very productive; a similar committee to deal with dental therapeutics and procedures appears desirable.
6. Finally, there is ample evidence that funding for health research in general and dental research in particular is being seriously restricted by the current financial constraints. Medical Research Council admits that dental research is one of the areas in need of strong development. However, most of its granting policies perpetuate the neglect of underdeveloped areas and the subsidization of affluent and highly developed areas. Since research support affects not only the generation of new knowledge in dentistry, but also the quality of the teaching staff in our dental schools, it is imperative that the Council on Research assist the Canadian Dental Association in pressing the case for adequate support of health research in general and for dental health research in particular.

RESOLUTIONS, SPECIAL

The Special Resolutions Committee wishes to recommend for special recognition the following persons who have made or will make significant contributions to the success and pleasure of the 1974 annual meeting and convention:

1. Reverend Dr. Douglas E. Bradford, Minister of the Lawrence Park Community Church, Toronto, who delivered the invocation at the opening session of the Board.
2. President and Mrs. J.E. Abra for their gracious hospitality throughout the meeting and especially for the reception for members of the Board of Governors.
3. Dr. A.W. Lampe and the Essex County Dental Society for their understanding and co-operation in relinquishing the Windsor, Ontario venue for this 1974 annual meeting.
4. Dr. J.B. Macdonald, Chairman, and all members of the Task Force on the Future of the CDA for the proficient manner in which they completed their assignment. Also to Dr. Macdonald for his thought-provoking address at the Opening Ceremonies of the convention.
5. The Metropolitan Toronto Police Association Male Chorus for their choral presentation during the Opening Ceremonies.
6. Mrs. M.A. Kamienski and his Ladies' Committee for arranging the ladies' functions.

Dr. Murray Cornish, the Convention Chairman, is also requested to express in the name of the Association appreciation and thanks to the many other individuals and organizations who have also contributed to the success of the annual meeting.

It is moved that the report of the Special Resolutions Committee be adopted.

Adopted

D.L. Rife, Chairman

ROYAL COLLEGE OF DENTISTS OF CANADA

Information Statement to the Canadian Dental Association Board of Governors October 1974

The last information report of the Royal College of Dentists of Canada was presented to the Board of Governors in October 1973 in Vancouver.

FELLOWS

1. At the present time the College has 242 Fellows, 76 of whom are Charter Fellows, 153 are Fellows by examination and 13 are Honorary Fellows. At the Convocation in Toronto on October 3, four Fellows will receive their Fellowships, having successfully completed the Part I and Part II examinations, one will receive a Charter Fellowship in the new specialty of radiology and Dr. Joseph H. Johnson, Dr. W. Scott Hamilton and Dr. Harold Hillenbrand will receive Honorary Fellowships. Dr. Hillenbrand will also give the Convocation address. One of our Honorary Fellows, Dr. M.H. Garvin of Winnipeg, passed away on June 28. Dr. Garvin received his Honorary Fellowship in Toronto in 1967, and attended the Convocation and Royal College Dinner in Vancouver last year.

EXAMINATIONS

2. The Part I (written) examinations were held this year on June 24, in regional centres in Canada and also in two centres in the States. There were 25 candidates. The Part II (oral) examinations will be held on November 29 and 30 and we anticipate 10 or more candidates.

STANDARDIZATION OF SPECIALTY CERTIFICATION ACROSS CANADA

3. The College is continuing to co-operate with the National Dental Examining Board with the idea of one standard for specialty certification examination and with the resulting portability of this certification. The National Dental Examining Board Act was amended by the House of Commons, paving the way for co-operation between the National Dental Examining Board and the Royal College of Dentists of Canada. The College met with the National Dental Examining Board representatives in March 1974. More meetings are planned and agreement of the two groups on a mechanism for establishing a portable specialty certificate is anticipated.

CONTINUING EDUCATION SERVICE

4. The JOURNAL of the Canadian Dental Association published eight articles on oral surgery and one on plaque, sponsored by the Royal College, within the last year. These were subsequently bound into one volume for all Fellows of the College. The authors were Drs. S. Weinberg, C. Moncarz, W.B. Donohue, A.E. Swanson and I. Kleinberg. Work will continue on publication of further monographs on orthodontics.

SCIENTIFIC SPEAKER

5. In Toronto at the Canadian Dental Association Convention this year

ROYAL COLLEGE OF DENTISTS OF CANADA

the College will sponsor a lecture by Dr. J.D. Spouge, entitled "Pathology of Periodontal Disease".

COMBINED SPECIALTIES MEETING

6. This year the Royal College is sponsoring a combined specialties meeting in Toronto immediately prior to the Canadian Dental Association Convention. Dr. R. Bruce Ross is in charge of this meeting and we are hoping for a good turnout. The College's Annual Meeting and Convocation will take place on the day before the combined specialties meeting.

NEW SPECIALTY GROUPS

7. The Canadian Dental Association has recognized oral pathology, radiology, restorative dentistry (under the prosthodontic group) and public health as specialty areas. The College has also recognized these specialties and has been meeting with representatives of the different groups to decide on such things as Charter Fellowships, Initial Interim examination, etc. This is a slow process and may not be finalized this year. From the College's Dental Sciences Group, three Fellows have now transferred to the new specialty of oral pathology and two to the new specialty of radiology. The College is sure that the addition of new Fellows from these groups will contribute greatly to the strength of the Royal College.

F.W. Lovely, President

J.E. Speck, Secretary-
Registrar-Treasurer

On motion from the floor:

Whereas there would appear to be misunderstandings regarding the creation of the new specialty area of restorative dentistry, and

whereas the 1973 definition of prosthodontics (1973T26-28) was the vehicle that established the specialty area of restorative dentistry, and

whereas the recent deliberations and actions of the RCDC Council were in part or in whole based on their assumption that the 1965 (1965T72) and the 1973 definitions of prosthodontics differed little in substance, therefore be it

RESOLVED

that the CDA Board of Governors direct the Council on Constitution and By-laws to review the intent of the 1973 re-definition of prosthodontics (1973T26)

ROYAL COLLEGE OF DENTISTS OF CANADA

to decide whether this current definition has indeed created a specialty area of restorative dentistry (fixed prosthodontics and operative dentistry) and further be it

RESOLVED

that should the Council on Constitution and By-laws decide that indeed a specialty area has in fact been recognized by the CDA that the Executive Council of the CDA request the Royal College of Dentists of Canada to reconsider their decision regarding the appointment of a representative number of Charter Fellows in the specialty of restorative dentistry.

Adopted

TREASURER

Treasurer: J. B. Taylor

R E P O R T

INTRODUCTION

1. You will recall that my report to the 1973 meeting of the Board of Governors dealt chiefly with the more detailed management statements prepared by our accounting department rather than the auditors' statement.

This approach, approved by the Executive Council (April 1973), was adopted to save time for the Board and in my opinion was successful.

I have carefully reviewed the audited statements for the year 1973 (Appendix T8)* and am satisfied that they are in exact agreement with ours, taking into consideration differences in presentation (audited statements reflect depreciation charges and ours are on a cash basis).

I now submit my 1973 report on the basis of our financial statements in the hope that this approach will be satisfactory and also save valuable time for the Board.

BALANCE SHEET - GENERAL ACCOUNT

2. Appendix T1 is a reproduction of the balance sheet as prepared by our auditors.
3. The balance of cash we keep in our bank account is determined by the necessity to have cash available for payments which we must meet in the immediate future. Any excess cash that is not needed for immediate payments is invested in guaranteed investment certificates.
4. The Association's accounts receivable have decreased by \$5,696. The \$33,388. outstanding is largely made up of \$25,602. which represents accounts re Journal advertising sales, \$4,394. which is the current balance owing from Medifacts Limited, and \$3,392. collectible accounts re pamphlet racks and publication sales.
5. Prepaid expenses include a \$2,500. deposit with the post office to permit monthly mailing of our Journal, and \$3,415. prepaid insurance premiums in connection with three year coverage of our building and its contents, group travel insurance, and group term life insurance.
6. The 1974 contributions to the Ottawa building fund are comprised of donations by the Manitoba Dental Association \$2,000. and the Prince Edward Island Dental Association \$1,000. A donation of \$100 was received from the Canadian Dental Hygienists Association in 1972.
7. Increases in fixed assets are explained in the notes covering expenditures. (See T4)

(* see pages 324-234)

TREASURER

8. The amount of payables is significantly lower this year because there are no unusual outstanding items. The \$6,695. consists of \$3,521. re the C.I.D.A. Program and \$3,174. re expenses incurred in 1973 but not invoiced to CDA until after our books were closed. The 1972 payables included amounts owing on invoices totalling \$29,477. in connection with the printing of the last four issues of our Journal.
9. The deferred revenue is made up of amounts received in the latter quarter of 1973 in payment of 1974 associate memberships, student memberships and Journal subscriptions.

RESERVE FUND

10. The auditors' balance sheet of the CDA Reserve Fund at December 31, 1973 is reproduced as Appendix T2. You will note that \$70,579. was transferred to the general CDA account to permit final payment on our Ottawa land purchase. It was necessary to reduce our security holdings to make these funds available. This reduction of investments accounted for the drop in interest earned.
11. At December 31, 1973 the market value of Retirement Savings Plan units held by the Association was \$120,915, a decrease of \$6,372. from December 31, 1972.

FINANCIAL STATEMENTS

12. Appendix T3, actual versus budgeted revenue 1973, reveals that our total revenue was \$652,323 and that we exceeded our revenue budget by \$95,123. of which \$70,579. was a transfer from our Reserve Fund to permit payment of the balance owing on our Ottawa land. Explanations of the remaining major variances are in the notes to Appendix T3.
13. Appendix T4, actual versus budgeted expenditures 1973, reveals that our costs, \$613,058, exceeded budget by \$71,858, of which \$70,579. was payment of the balance owing in our Ottawa land. Major differences are explained in the notes to Appendix T4.

SECURITIES

14. Changes in security holdings during 1973 are detailed in Appendix T5. Securities held at December 31, 1973 are listed in Appendix T6.

SPECIAL GRANT

15. Special grants and sundry income received during 1973 are described in the notes to Appendix T3. The gratitude of the Association has been expressed to the donors of these generous grants.

CDA JOURNAL

16. An analysis of revenue and expense experienced in the production of the Journal during 1973 appears as Appendix T7.
17. Appendix T8 is a copy of the audited statements as prepared by Thorne Gunn & Co. (* see pages 324-334)

TREASURER

Appendix T1

GENERAL ACCOUNT

BALANCE SHEET - December 31, 1973

(with comparative figures at December 31, 1972)

ASSETS

	<u>1973</u>	<u>1972</u>
CURRENT ASSETS		
Cash	\$ 18,760	\$ 27,958
Guaranteed investment certificates	40,000	20,000
Accounts receivable	33,388	39,084
Prepaid expenses	7,341	8,926
Ottawa building fund (cash and guaranteed investment certificates)	3,102	100
	<u>\$102,591</u>	<u>\$ 96,068</u>
FIXED ASSETS, at cost		
Building, 234 St. George Street, Toronto	197,230	197,230
Building, Ottawa - architectural and legal fees	26,810	14,642
Furniture, fixtures and equipment	94,935	94,073
	<u>318,975</u>	<u>305,945</u>
Less accumulated depreciation	<u>148,643</u>	<u>137,612</u>
	170,332	168,333
Land, 234 St. George Street, Toronto	5,100	5,100
Land, Ottawa (note 1)	81,755	9,276
	<u>257,187</u>	<u>182,709</u>
	<u>\$359,778</u>	<u>\$278,777</u>

LIABILITIES AND SURPLUS

CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 6,695	\$ 39,337
Deferred revenue	4,100	4,200
	<u>10,795</u>	<u>43,537</u>
SURPLUS	<u>348,983</u>	<u>235,240</u>
	<u>\$359,778</u>	<u>\$278,777</u>

TREASURER

Appendix T2

RESERVE FUND

BALANCE SHEET - December 31, 1973

(with comparative figures at December 31, 1972)

ASSETS

	<u>1973</u>	<u>1972</u>
Cash	\$ 1,185	\$ 2,397
Accrued interest	1,129	1,770
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value, 1973, \$102,120: 1972, \$166,609)	110,980	179,715
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1973, \$120,915: 1972, \$127,287)	<u>103,500</u>	<u>103,500</u>
	<u>\$216,794</u>	<u>\$287,382</u>
<u>SURPLUS</u>		
Surplus	<u>\$216,794</u>	<u>\$287,382</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

Year Ended December 31, 1973 - (with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Revenue		
Investment interest	\$ 6,071	\$ 8,639
Bank interest	10	18
	<u>6,081</u>	<u>8,657</u>
Loss on sale of bonds	6,090	
Surplus (deficit) for the year	(9)	8,657
Surplus at beginning of year	<u>287,382</u>	<u>278,725</u>
	<u>287,373</u>	<u>287,382</u>
Transfer to Canadian Dental Association - General Account for purchase of land	<u>70,579</u>	
Surplus at end of year	<u>\$216,794</u>	<u>\$287,382</u>

TREASURER

Appendix T3

ACTUAL Versus BUDGETED REVENUE - 1973

REVENUE		1973 ACTUAL	1973 BUDGET	(UNDER) OVER BUDGET
	Associate Membership	\$ 2,901	\$ 3,600	\$ (699)
	Corporate Membership Grants			
	- British Columbia	71,695	71,400	295
	- Alberta	45,175	41,400	3,775
	- Saskatchewan	15,308	14,600	708
	- Manitoba	21,872	20,700	1,172
1.	- Ontario	192,950	177,900	15,050
	- Quebec	97,790	97,000	790
	- New Brunswick	8,970	9,600	(630)
	- Nova Scotia	14,600	15,600	(1,000)
	- Prince Edward Island	2,470	2,100	370
	- Newfoundland	4,030	4,100	(70)
	Interest - CDRF	800	1,000	(200)
	- Income	2,136	---	2,136
2.	Journal Operation	34,087	45,000	(10,913)
	National Convention - Headquarters			
	Services	15,000	15,000	----
3.	Sales of Publications	17,852	22,000	(4,148)
	Space Rental - CFDE	3,000	1,800	1,200
	Student Memberships	3,885	4,000	(115)
	Subscriptions JCDA	4,095	3,500	595
4.	Sundry Income - Grants Estimated	20,126	6,900	13,226
5.	Ottawa Building Fund & Interest	3,002	---	3,002
6.	Transfer from CDA Reserve Fund	70,579	---	70,579
		<u>\$ 652,323</u>	<u>\$ 557,200</u>	<u>\$ 95,123</u>

Notes to Appendix T3

1. We traditionally are conservative in our estimates of revenue items. The dental population in Ontario increased at a faster rate than anticipated. Commencing with our 1975 budget, we will attempt to achieve greater accuracy by requesting estimates from Corporate members.
2. See Appendix T7 and accompanying notes.
3. The 1973 estimates of revenue were prepared in early 1971, at which time the Ligue Hygiène Dentaire du Québec was expected to continue purchasing bulk quantities involving several thousand dollars each year. However, the Ligue began printing its own pamphlets and did not purchase in quantity in 1972 or 1973.

TREASURER

Notes to Appendix T3 (continued)

4. Sundry Income of \$20,126. consists of:

Gov't of Canada Grant re: Translations	\$ 900
Commissions on FDI Memberships	602
Gov't of Canada National Health Grant	2,505
Royal College of Dentists of Canada	250
Toronto Daily Star	100
National Dental Examining Board	6,000
50% Surplus from Tape Cassette Program	2,229
CFDE Re: CDA Committee on Standards	1,250
CDA Teaching Conference	3,000
CDA Student Clinics	682
CDA Student Conference	2,546
Sundry Income	62
	<u>\$20,126</u>

5. See Paragraph 6 of introductory remarks.

6. \$70,579 was transferred from the Reserve Account to make final payment on the Ottawa land, and is part of the \$84,647. expenditure on Appendix T4. The asset addition of land is reflected in Appendix T1 opposite Land Ottawa.

Reconciliation of Expenses

Total Expenditures Per T4	\$ 613,058
Less: Furnitures and Fixtures	\$ 862
Land Purchase/Architects Fees	84,647
	<u>\$ 527,549</u>
Plus : Depreciation - Building	\$ 4,931
- Furniture and Fixtures	\$ 6,100
Journal of the C.D.A.	\$ (34,087)
	<u>\$ 504,493</u>

Reconciliation of Revenue

Total Revenue Per T3	\$ 652,323
Less: Transfer from Reserve	\$ 70,579
Journal of the C.D.A.	\$ 34,087
	<u>\$ 547,657</u>

TREASURER

Appendix T4

ACTUAL Versus BUDGETED EXPENDITURES - 1973

	1973 <u>ACTUAL</u>	1973 <u>BUDGET</u>	(UNDER) OVER <u>BUDGET</u>
<u>EXPENDITURES</u>			
Annual Board Meeting	\$ 27,800	\$ 28,400	\$ (600)
CDRF Award	811	700	111
1. Contingency	35,928	10,000	25,928
Film Production - Distribution	14,216	14,300	(84)
Furniture and Fixtures	862	2,700	(1,838)
Grants - CDNAA	300	300	---
- CFDE	19,000	19,000	---
- FDI	4,333	3,500	833
2. - Presidents' Honoraria	3,000	3,000	---
History of Dentistry & Archives	7	500	(493)
Insurance (Building, Fidelity, Sick, Travel)	2,226	3,000	(774)
3. Land Purchase - Architect Fees	84,647	---	84,647
Legal & Audit	5,050	6,000	(950)
4. Office Administration Fund	2,136	10,000	(7,864)
5. Office Supplies & Expenses	24,403	22,400	2,003
Postage	10,513	10,000	513
Property - Light, Heat, Water	4,105	4,000	105
- Maintenance	3,399	3,500	(101)
- Taxes	6,075	7,000	(925)
Printing - General	37,058	35,300	1,758
6. Salaries	224,242	248,000	(23,758)
Salary Expense	24,467	26,700	(2,233)
7. Telephone	6,987	5,100	1,887
8. Translations	4,362	3,100	1,262
9. Travel	67,131	74,700	(7,569)
	<u>\$613,058</u>	<u>\$541,200</u>	<u>\$71,858</u>

Notes to Appendix T4

1. Three major expenses were not anticipated in our 1973 budget. These include \$9,216. to establish a pension supplement for a former Secretary of the Association, \$11,965. to permit early retirement of the librarian, and \$14,176. printing costs re: The Ottawa Building promotion campaign.
2. The 1973 budget has been re-classified to accord with 1974 estimates. The adjustment between Presidents' Honoraria and travel expense does not change the total expenditures. The \$2,000. that is being re-classified is included in travel expenses.

TREASURER

Notes to Appendix T4 (continued)

3. \$84,647. was the cost of land purchased and architect's fees. \$70,579 was received from the CDA Reserve Fund to make final payment on the Ottawa land. \$14,068. charged to the general account was made up of \$10,826. paid to the architects (Wilson, etc.), \$1,342. paid to our Ottawa lawyers, and \$1,900. paid our Toronto lawyers.
4. The \$2,136. was made up of \$706. to set up a display at the C.N.E., \$1,000. transferred to the library account, and \$430. for the purchase of Dental Register forms.
5. Office supplies and expenses consist of:

	<u>Actual</u>	<u>Budget</u>
General Office Supplies	\$ 5,994.61	\$ 5,300.00
Office Equip. & Maintenance	1,512.35	1,744.00
Bank Charges	442.17	100.00
Press Clippings	576.65	600.00
Statistical Reports	8.00	1,200.00
Temporary Office Staff	1,768.03	2,500.00
Copying Charges	8,676.83	8,350.00
Sundry Expenses	5,424.60	2,600.00
	<u>\$24,403.24</u>	<u>\$22,394.00</u>

Placement fees in connection with the hiring of replacement staff during 1973 largely accounted for amount over budget. These amounts are charged to Sundry Expenses.

6. The 1973 Salaries budget included provision for a full-time Journal Editor and a full-time Journal Production Manager. Both positions were filled on a part-time basis during 1973. Also included in the 1973 estimates was a provision for an assistant to CDA's Executive Secretary/Councils. The position was not filled until early 1974.
7. Telephone rental and service charges as well as long distance rates were raised in 1973.
8. Translation of the Journal cost \$2,400. in 1973. Simultaneous translation at the CDA Board Meeting was \$1,875. CDA 1973 Trans- actions were not translated until 1974. A grant of \$900. was received from the Canadian Government re the simultaneous translation.
9. The reduction in travel expenses reflects our efforts to curtail unnecessary travel, as directed.

TREASURER

Appendix T5 - Security Changes - 1973

Grieve Memorial Lectureship Fund

Sales:

* Government of Canada	\$ 1,000	7%	April 1, 1973
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Purchases:

* Royal Trust Guaranteed Investment Receipt	\$ 1,000	8½%	July 1, 1973
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Reserve Fund

Sales:

* Quebec Hydro	\$25,000	5½%	March 1, 1984
* Quebec Hydro	1,000	5%	Nov. 15, 1982
* Nova Scotia	5,000	5%	Dec. 15, 1973
* Government of Canada	10,000	3.4%	Oct. 1, 1979
* Canadian National Railways	6,000	4%	Feb. 1, 1981
* Royal Trust Guaranteed Investment Receipt	27,000	4.875%	Feb. 12, 1973
* Royal Trust Guaranteed Investment Receipt	3,000	4.875%	Feb. 24, 1973
* Royal Trust Guaranteed Investment Receipt	4,000	4.875%	Mar. 12, 1973

TREASURER

Appendix T6 - Securities on Hand - December 31, 1973

Grieve Memorial Lectureship Fund

Government of Canada	\$ 4,000.	4½%	Sept. 1, 1983
Government of Canada	500.	4½%	Sept. 1, 1983
Royal Trust Grieve Investment Receipt	1,000.	8½%	July 31, 1978
	<u>\$ 5,500</u>		

Library Trust Fund

Government of Canada	<u>\$ 41,500.</u>	53/4-73/4%	Nov. 1, 1980
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Reserve Fund

Province of Ontario	\$ 5,000.	4½%	May 15, 1974
Province of Ontario	15,000.	5%	July 5, 1975
Ontario Hydro	2,000.A	4 3/4%	Aug. 15, 1975
Ontario Hydro	5,000.A	5%	Nov. 15, 1976
Ontario Hydro	5,000.A	5%	Oct. 15, 1978
Ontario Hydro	10,000.A	5%	Nov. 15, 1976
Ontario Hydro	3,000.A	4 3/4%	Aug. 15, 1975
Province of Quebec	5,000	5 3/4%	Feb. 1, 1986
Alberta Municipal	10,000	5½%	Apr. 1, 1983
Manitoba Telephone	10,000	5½%	Dec. 2, 1986
Government of Canada	1,000	3½%	Oct. 1, 1979
Government of Canada	5,000.	3½%	Oct. 1, 1979
Government of Canada	10,000	3 3/4%	Jan. 15, 1978
Canada Savings Bonds	500.	5 3/4%	Nov. 1, 1980
Canada Savings Bonds	5,000.	6 3/4%	Nov. 1, 1980
Canada Savings Bonds	5,000.	7½%	Nov. 1, 1980
Canada Savings Bonds	5,000.	7 3/4%	Nov. 1, 1980

Total - 101,500.

Investment in Common Stock Fund \$103,500.
CDA Retirement Savings Plan

- (a) Guaranteed by the Province of Ontario
- (b) Guaranteed Investment Receipt of the Royal Trust Company

TREASURER

Appendix T7

COMPOSITE ANALYSIS - Editorial Department & Journal of the CDA 1973

		1973 ACTUAL	1973 BUDGET	(UNDER) OVER BUDGET
<u>REVENUE:</u>				
* Gross Advertising	1.	\$ 157,741	\$ 163,800	\$ (6,059)
Subscriptions Sold		4,095	3,500	595
Subscriptions Allowance		88,930	89,000	(70)
		<u>\$ 250,766</u>	<u>\$ 256,300</u>	<u>\$ (5,534)</u>
<u>EXPENDITURES:</u>				
* Agency Commission		\$ 20,410	\$ 21,300	\$ (890)
* Photo Engravings		3,713	6,500	(2,787)
* Postage - Journal only		19,483	16,000	3,483
* Printing	2.	80,048	75,000	5,048
Annual Board Meeting		642	1,814	(1,172)
Travel Expense		4,547	5,700	(1,153)
Office Expense		3,890	3,560	330
Postage - Office		1,520	1,500	20
Salaries	3.	61,212	81,322	(20,110)
Salary Expense		6,160	8,914	(2,754)
Telephone and Telegraph		1,680	1,380	300
Translations		2,400	2,000	400
Furniture and Fixtures		698	500	198
Floor Space Evaluation		2,400	2,400	---
		<u>\$ 208,803</u>	<u>\$ 227,890</u>	<u>\$ (19,087)</u>
<u>SURPLUS (DEFICIT):</u>		<u>\$ 41,963</u>	<u>\$ 28,410</u>	<u>\$ 13,553</u>
*Produce "JCDA Gross Revenue":		<u>\$ 34,087</u>	<u>\$ 45,000</u>	<u>\$ (10,913)</u>
- See Appendix T3				

1. While gross advertising is slightly below our estimates for 1973, it represents an improvement of \$36,505. over 1972.
2. Rapidly escalating paper costs produced higher than anticipated printing costs; however the total is down \$3,634. from 1972.
3. The 1973 Salaries budget included provision for a full-time Journal Editor and a full-time Journal Production Manager. Both positions were filled on a part-time basis during 1973.

TREASURER

REPORT ON THE 1975 BUDGET

1. The 1975 budget has presented a great many problems. The Task Force Report has yet to be acted upon by the Board of Governors and the implementation of its recommendations may greatly alter the ongoing activities of the Association.
2. Particularly this year in light of the many known facts that face the Association, I would be remiss in not expressing my appreciation to our excellent staff at Headquarters and in particular Mr. D. A. Summerton, Mr. M. McDonald and Dr. W. G. McIntosh for their help and advice in the preparation of this budget.
3. As directed by council, the estimates of the number of members for 1975 is based on information received from each Corporate Member. Because of the unique situation in Quebec, the revenue is a combination of their grant plus our estimate of voluntary membership income.
4. All budget requests from councils have been included as submitted. Other expenses are based on past years' experience and our considered estimates.
5. No expenses in connection with the move to Ottawa have been included in this budget. Financial considerations for the Ottawa move are detailed in Appendix T14.
6. The 1975 budget as presented, shows a deficit of \$28,886. It is my opinion that the expense estimates are reasonable for the programmes in which the association is currently engaged. We have tried to be as conservative as possible in our estimate of revenue but hopefully these may exceed expectations.

On motion from the floor:

RESOLVED

that this Board allocate \$15,000 to the Bureau of Dental Statistics to assist our appropriate Councils to carry out the high priority economic surveys and manpower studies that this Board has authorized, and further

that the Executive Council keep the costs and funding of these studies under continuing review, and further

that should any new revenues materialize the first priority be the expansion of these studies.

Adopted

TREASURER

RESOLVED

*that the 1975 budget as amended
be approved.*

Adopted

7. Estimated revenue for 1975 is shown in Appendix T9, and an analysis of corporate grants to CDA follows in Appendix T11. The budgeted expenditures of the Association for 1975 are shown in Appendix T10. Explanatory notes are attached.
8. Appendix T13 is an analysis of estimated revenue and expenditures in the CDA Editorial Department, with comparative figures for previous years. As you will note, we have changed the format to show more clearly the actual cost to the Association of producing a Journal (see first footnote in Appendix T13).
9. In 1971 when the first independent convention was held, concern was expressed that it would be necessary to maintain a surplus in the convention account to underwrite deficits occurring in some of the smaller locations. Thanks to the efficiency of our convention committee and the support of the membership, these fears appear to be groundless. At the present time the committee is holding approximately \$40,000. in surplus; therefore it would appear to me that an appropriate amount should be transferred to the Association's Reserve account as soon as practicable, preferably before the end of 1974.
10. I expressed my concern last year and I still feel that our number one priority again should be to maintain a strong membership.
11. With a deficit budget, working capital may be a problem. I recommend that the Board renew its authority to the Treasurer (1972T187) to deal as needed with problems involving working capital.

RESOLVED

*that the Board renew its authority
to the Treasurer (1971T194 and
1972T187) to deal as needed with
problems involving working capital.*

Adopted.

*The Board compliments the Treasurer on his detailed analysis
of the 1973 financial statements and 1975 budget projections.*

TREASURER

Appendix T9CDA ESTIMATED REVENUE 1975

	1973	1974	1975
Associate Membership	\$ 2,901	\$ 3,600	\$ 3,300
Grants - British Columbia	71,695	74,100	82,875
Alberta	45,175	43,600	48,100
Saskatchewan	15,308	16,200	15,275
Manitoba	21,872	21,800	22,750
Ontario	192,950	184,000	146,250
Quebec	97,790	95,700	83,320
New Brunswick	8,970	9,800	9,295
Nova Scotia	14,600	15,900	14,950
Prince Edward Island	2,470	2,600	2,600
Newfoundland	4,030	4,200	5,330
Interest - CDRF	800	1,000	1,000
- Income	2,136	1,000	2,000
Journal Operation	34,087	49,700	41,900
Space Rental & Office Facilities -			
CDA Convention	15,000	* 28,000	32,000
Sales of Publications	17,852	25,000	28,600
Space Rental & Office Facilities -			
CFDE	3,000	3,000	8,400
Student Memberships	3,885	4,000	5,000
Subscriptions JCDA	4,095	5,000	7,500
Sundry Income, Grants	20,126	-	-
NDEB re: Survey of Undergraduate			
Programs	-	8,000	8,000
CFDE re: Biennial Research Conference	-	9,000	0
Survey of Graduates Programs	-	1,800	1,000
Students Conference	-	2,900	3,000
Students Table Clinic	-	4,000	4,000
Teaching Conference	-	0	3,000
Committee on Standards	-	0	2,000
Survey Program Co-Ordinator	-	0	14,300
Ottawa Building Fund & Interest	3,002	0	300
Transfer from Reserve Fund	70,579	0	0
	\$652,323	\$613,900	\$596,045

Breakdowns of the 1975 estimates appear on schedules T11 - T12 - T13.

* The estimated Space Rental & Office Facilities from National Convention for 1974 was changed from \$16,000. to \$28,000. by Executive Council. (December 1973 - App. 9 #49)

TREASURER

Appendix T10CDA ESTIMATED EXPENDITURES 1975

	1973 ACTUAL	* 1974 BUDGET	1975 BUDGET
Annual Board Meeting	27,800	21,600	26,285
1. Board Members' Special Expenses	-	3,400	3,000
CDRF Award	811	700	700
Contingency	35,928	10,000	10,000
2. Film Production - Distribution	14,216	8,400	2,900
Furniture and Fixtures	862	1,500	500
Grants - CDNAA	300	300	300
3. CFDE	19,000	12,000	5,000
FDI	4,333	4,500	4,900
Presidents' Honoraria	3,000	3,000	3,000
History of Dentistry & Archives	7	500	100
Insurance (Building, Fidelity, Sick Travel)	2,226	3,000	3,500
Land Purchase - Architect Fees	84,647	-	-
Legal & Audit	5,050	6,000	6,500
4. Office Administration Fund	2,136	8,000	7,000
Office Supplies & Expenses	24,403	21,200	31,550
Postage	10,513	11,200	11,750
5. Property - Light, Heat, Water	4,105	4,200	5,000
Maintenance	3,399	4,000	3,000
Taxes	6,075	7,000	7,000
6. Printing - BPI	-	26,700	38,200
Printing - General	37,058	34,700	30,240
Salaries	224,242	* 267,690	285,530
Salary Expenses	24,467	29,600	32,394
7. Survey Program Co-Ordinator	-	10,000	14,300
Telephone	6,987	6,000	7,650
Translations	4,362	6,000	6,000
8. Travel	67,131	90,500	78,632
Task Force	ø	15,000	ø
 TOTAL EXPENDITURES:	 \$ 613,058	 \$ 616,690	 \$ 624,931
 LESS REVENUE:	 \$ 652,323	 \$ 613,900	 \$ 596,045
 SURPLUS (DEFICIT):	 \$ 39,265	 (\$ 2,790)	 (\$ 28,886)

TREASURER

Notes to Appendix T10

1. Special expenses are calculated as 23 Board Members and 7 Executive Council Members at \$100. each.
2. Film production and distribution costs are estimated to be lower. There is only one film "Why Fluoridation" scheduled for production.
3. The grant to C.F.D.E. has been reduced to \$5,000. from \$12,000.
4. New charges for various computer operations (\$4,000.) are reflected in Office Expenses.
5. The estimates used for 1975 expenditures are considered to be the minimum amounts required to operate the building (234 St. George Street) in 1975.
6. B.P.I. printing consists of: NDH Week - \$4,000.; Fluoridation - \$500.; New pamphlets - \$1,500.; Communique (Govt. newsletter) \$200.; Ontario and Quebec membership drive - \$6,000.; Corporate communications re: Task Force - \$5,500.; Mouthguard program - \$500.; Pamphlets, pamphlet racks, directories for sale - \$20,000.
7. The expense for the Survey Program Co-Ordinator (\$14,300.) is offset by a grant from C.F.D.E. (re: Kellogg Foundation) which is picked up as revenue.
8. The travel expenditures of the Survey Co-Ordinator are now shown in the figure (\$14,300) which is used for the Co-Ordinator.

Some travel expenditures are offset in revenue because they are funded by grants from C.F.D.E.

Teaching Conference	\$ 3,000.
Survey of Graduate Programs	1,000.
Students Conference	3,000.
Students Table Clinic	4,000.
Standards Committee	2,000.
	\$ 13,000.

- * The 1974 estimated salaries was changed by Executive Council from \$252,800. to \$267,690. thus causing a potential \$2,790. deficit.

TREASURER

Appendix T11

REVENUE FORECAST 1975 - CORPORATE GRANTS

Province	Paid Members Actual 1974	Net Projected Members 1975	Per Member	Grants Forecast
British Columbia	1,167	1,275	\$ 65	\$ 82,875
Alberta	695	740	65	48,100
Saskatchewan	245	235	65	15,275
Manitoba	350	350	65	22,750
* Ontario	3,513	2,250	65	146,250
** Quebec		1,916	appx. 25	45,000
	1,866	958	40	38,320
New Brunswick	151	143	65	9,295
Nova Scotia	230	230	65	14,950
Prince Edward Island	38	40	65	2,600
Newfoundland	70	82	65	5,330
	8,325	6,303		\$430,745

* The Ontario projected number of members for 1975 is based on information received from the Ontario Dental Association regarding their estimate as to the number of members who will join the Ontario Dental Association.

** Income from Quebec for 1975 includes the 1975 corporate grant of \$45,000. which is equivalent to approximately \$25 per member. Also we estimate that 50% of the 1974 membership will pay approximately an additional \$40. each equalling the per member grant of \$65. paid in other provinces.

SUMMARY OF CORPORATE GRANTS

	1971	1972	1973	1974 Estimate	1975 Estimate
British Columbia	\$ 63,245	\$ 68,120	\$ 71,695	\$ 74,100	\$ 82,875
Alberta	39,357	41,340	45,175	43,600	48,100
Saskatchewan	13,230	15,080	15,308	16,200	15,275
Manitoba	19,915	20,800	21,872	21,800	22,750
Ontario	123,600	174,790	192,950	184,000	146,250
Quebec	91,685	89,485	97,790	95,700	83,320
New Brunswick	7,676	9,915	8,970	9,800	9,295
Nova Scotia	9,750	13,650	14,600	15,900	14,950
Prince Edward Island	2,015	2,275	2,470	2,600	2,600
Newfoundland	4,193	3,770	4,030	4,200	5,330
	\$374,666	\$439,225	\$474,860	\$467,900	\$430,745

TREASURER

Appendix T12

REVENUE FORECAST 1975

Associate Memberships		
165 @ \$20		\$ <u>3,300</u>
Interest - CDRF		<u>1,000</u>
Interest - Income		<u>2,000</u>
Journal - Gross Revenue		
See Schedule next page Figures Marked *		
Space Rental and Office Facilities - CDA Conventions		
Salary & Salary Expenses	\$ 23,500	
Space Rental & Facilities	<u>8,500</u>	
		<u>32,000</u>
Sales of Publications (Not JCDA)		
Pamphlets	\$ 16,000	
Pamphlet racks	3,000	
Directories	7,000	
Star Weekly Column	<u>2,600</u>	
		<u>28,600</u>
Space Rental and Office Facilities - CFDE		<u>8,400</u>
Student Memberships		
1,000 @ \$5.00		<u>5,000</u>
Subscriptions - JCDA		
Can. U. S. W. I.	\$15 (306 x 15 = 4,590)	
Others	\$17 (171 x 17 = 2,907)	
		<u>7,500</u>

Appendix T13

EDITORIAL DEPARTMENT AND JCDA BUDGET 1975

	1973 Actual Adjusted to 1975 Format	1973 Old Format	1974 Budget Adjusted to 1975 Format	1974 Old Format	1975 Budget
<u>REVENUE:</u>					
* Gross Advertising	157,741		184,000		208,500
Subscriptions Sold	4,095		5,000		7,500
** Subsidization of Journal	46,967	(88,930)	49,857	(91,600)	49,418
	\$ 208,803	(250,766)	\$ 238,857	(280,600)	\$ 265,418
<u>EXPENDITURES:</u>					
* Agency Commission	20,410		24,000		26,000
* Photo Engravings	3,713		3,300		4,600
* Postage - Journal only	19,483		18,000		23,500
* Printing	80,048		89,000		112,500
Annual Board Meeting	642		850		1,030
Travel Expense	4,547		9,800		3,500
Office Expense	3,890		2,505		3,700
Postage - Office	1,520		1,800		2,000
Salaries	61,212		74,600		73,600
Salary Expense	6,160		8,322		7,288
Telephone & Telegraph	1,680		1,280		2,000
Translations	2,400		2,400		2,400
Furniture & Fixtures	698		500		0
Floor Space Evaluation	2,400		2,500		3,300
	\$ 208,903	(208,803)	\$ 238,857	(238,857)	\$ 265,418
		(41,963)		(41,743)	
<u>SURPLUS (DEFICIT):</u>					
* Produce "JCDA Gross Revenue"	\$ 34,087		\$ 49,700		\$ 41,900

Appendix T13

Notes to Appendix T13

** In previous years a subscription allowance of \$10. per member was shown as revenue. In 1975 due to the uncertainty of the number of members, the subscription allowance reflects the amount of money required to subsidize the journal operation over and above the regular revenues to the break even point. The 1973-1974 figures have been adjusted to show what it actually costs the C.D.A. to produce the Journal. The adjusted figures to reflect this change are shown above. Previous years method is shown in brackets.

* The figures used to arrive at the Journal Operation "gross revenue" shown in T9 Estimated Revenue are:

Gross Advertising	\$ 208,500
Minus:	
Agency Commission	\$ 26,000
Photo Engraving	4,600
Postage Journal only	23,500
Printing	<u>112,500</u>
	<u>166,600</u>
	\$ 41,900

TREASURER

Appendix T14Schedule 1ANALYSIS OF TOTAL OPERATIONAL COSTS - Ottawa Building

	<u>PLAN A</u> <u>ORIGINAL</u>	<u>PLAN B</u> <u>ORIGINAL</u> <u>PLUS</u> <u>ADDITION</u>	<u>PLAN C</u> <u>COMMERCIAL</u>
Annual Cost of Presently Available Funds (<u>Schedule 3</u>)	\$ 36,000	\$ 36,000	\$ 36,000
Cost of Additionally Required Funds 11½% Interest - 30 Year Amortization (<u>Schedule 3</u>)	80,000	109,000	57,000
Operational Costs - Taxes, Lights, Heat, etc. (<u>Schedule 4</u>)	67,000	82,000	50,000
TOTAL	183,000	227,000	143,000
Less: Estimated Annual Rental Revenue (<u>Schedule 5</u>)	60,000	109,000	74,000
Net Operational Costs - Ottawa	123,000	118,000	69,000
Present Operational Costs - Toronto	20,000	20,000	20,000
NET ADDITIONAL OPERATING COSTS - OTTAWA	\$ 103,000	\$ 98,000	\$ 49,000

TREASURER

Appendix T14

Schedule 2

ESTIMATED CONSTRUCTION COSTS - Ottawa Building

	<u>PLAN A</u> <u>ORIGINAL</u>	<u>PLAN B</u> <u>ORIGINAL</u> <u>PLUS</u> <u>ADDITION</u>	<u>PLAN C</u> <u>COMMERCIAL</u>
Construction Cost (Architects's Estimate)	\$ 1,100,000	\$ 1,320,000	\$ 900,000
Architect's Fees (remaining)	47,000	62,000	60,000
Sewer	25,000	25,000	25,000
Furnishings	90,000	75,000	80,000
Moving - Office and Staff	12,000	12,000	12,000
Carrying Costs during Construction	64,000	77,000	54,000
Legal and Audit	8,000	8,000	8,000
Leasing - Fees	8,000	14,000	10,000
- Tenant Allowances	8,500	15,000	11,000
- Advertising and Other	1,000	2,000	1,500
	<u>\$ 1,363,500</u>	<u>\$ 1,610,000</u>	<u>\$ 1,161,500</u>
TO BE FINANCED BY:			
Sale of Property - 234 St. George Street	\$ 325,000	\$ 325,000	\$ 325,000
Withdrawal - Reserve Fund	75,000	75,000	75,000
CDA - Ottawa Building Fund	3,000	3,000	3,000
CFDE - Mortgage	250,000	250,000	250,000
Loan - Saskatchewan	17,000	17,000	17,000
Money needed from other sources	693,500	940,000	491,500
	<u>\$ 1,363,500</u>	<u>\$ 1,610,000</u>	<u>\$ 1,161,500</u>

TREASURER

Appendix T14

Schedule 3

ANALYSIS OF CAPITAL COSTS FOR OTTAWA BUILDING

	<u>ESTIMATED CAPITAL NOW AVAILABLE</u>	<u>ADDED COST</u>	
Sale of Property - 234 St. George	\$ 325,000	\$ -	Not revenue pro- ducing at present
Reserve Withdrawal and Building Fund	** 78,000	6,300	Presently earning say 8%
CFDE Mortgage @ 11¼%	250,000	28,125	Interest Payment only
Loan Saskatchewan @ 8%	17,000	1,360	Interest Payment only
<u>TOTAL COST OF PRESENTLY AVAILABLE FUNDS</u>	<u>\$ 670,000</u>	<u>\$ 35,785</u>	

** Assumes \$75,000 can be taken from Reserve Account.
\$70,579 withdrawn in 1973 to complete Land Purchase.

ESTIMATED COST OF ADDITIONALLY REQUIRED FUNDS:

Mortgage @ 11¼% amortized over 30 years:

PLAN A: \$ 693,500 say \$ 700,000 = \$ 6,664 monthly = \$ 80,000 annually

PLAN B: \$ 940,000 say \$ 950,000 = \$ 9,040 monthly = \$109,000 annually

PLAN C: \$ 491,500 say \$ 500,000 = \$ 4,760 monthly = \$ 57,000 annually

TREASURER

Appendix T14

Schedule 4

ANALYSIS OF OTTAWA OPERATIONAL COSTS OTHER THAN CAPITAL COSTS

	<u>PLAN A</u> <u>ORIGINAL</u>	<u>PLAN B</u> <u>ORIGINAL</u> <u>PLUS</u> <u>ADDITION</u>	<u>PLAN C</u> <u>COMMERCIAL</u>
<u>ESTIMATED ANNUAL EXPENSES</u>			
Cleaning (common areas and ground maintenance)	\$ 4,000	\$ 5,000	\$ 3,000
Utilities (light, heat, aircondit- ioning - \$.65 per sq.ft.)	25,000	29,000	18,000
General Expenses	2,000	2,500	1,500
Management Services (4% of Income)	2,400	4,400	3,000
Insurance	1,500	2,000	1,000
Property Taxes	32,000	39,000	23,000
<u>TOTAL</u>	<u>\$ 66,900</u>	<u>\$ 81,900</u>	<u>\$ 49,500</u>

TREASURER

Appendix T14

Schedule 5

ANALYSIS OF SPACE AND ESTIMATED RENTAL INCOME / OTTAWA BUILDING

	<u>PLAN A</u> <u>ORIGINAL</u>	<u>PLAN B</u> <u>ORIGINAL</u> <u>PLUS</u> <u>ADDITION</u>	<u>PLAN C</u> <u>COMMERCIAL</u>
Gross sq. ft.	37,939	45,389	27,548
Net sq. ft. - CDA (includes present tenants)	12,000	9,600	10,570
Net sq. ft. - Rental Space	6,000	13,000	10,570
Rental Income @ \$7.00 per sq. ft.	\$ 42,000	\$ 91,000	\$ 74,000
Conference Room - Rental Space @ \$7.00 per sq. ft.	17,500	17,500	-
<u>TOTAL RENTAL INCOME</u>	<u>\$ 59,500</u>	<u>\$ 108,500</u>	<u>\$ 74,000</u>

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1973

Auditors' Report

General Account

Balance Sheet

Statement of Revenue and Expenditure and Surplus

Statement of Source and Application of Funds

Notes to Financial Statements

Other Balance Sheets and Statements of Revenue and
Expenditure and Surplus

Reserve Fund

National Convention

Library Trust Fund

The Grieve Memorial Lectureship Fund

AUDITORS' REPORT

We have examined the balance sheets of the General Account, Reserve Fund, National Convention, Library Trust Fund and The Grieve Memorial Lectureship Fund of the Canadian Dental Association as at December 31, 1973 and the statements of revenue and expenditure and surplus and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1973 and the results of its operations and the general account source and application of funds for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Toronto, Canada
March 15, 1974

Home & Co.

Chartered Accountants

CANADIAN DENTAL ASSOCIATION
(Incorporated without share capital under the laws of Canada)

GENERAL ACCOUNT

BALANCE SHEET - DECEMBER 31, 1973
(with comparative figures at December 31, 1972)

ASSETS	<u>1973</u>	<u>1972</u>
CURRENT ASSETS		
Cash	\$ 18,760	\$ 27,958
Guaranteed investment certificates	40,000	20,000
Accounts receivable	33,388	39,084
Prepaid expenses	7,341	8,926
Ottawa building fund (cash and guaranteed investment certificate)	<u>3,102</u>	<u>100</u>
	<u>102,591</u>	<u>96,068</u>
FIXED ASSETS, at cost		
Building, 234 St. George Street, Toronto	197,230	197,230
Building, Ottawa - architectural and legal fees	26,810	14,642
Furniture, fixtures and equipment	<u>94,935</u>	<u>94,073</u>
	318,975	305,945
Less accumulated depreciation	<u>148,643</u>	<u>137,612</u>
	170,332	168,333
Land, 234 St. George Street, Toronto	5,100	5,100
Land, Ottawa (note 1)	<u>81,755</u>	<u>9,276</u>
	<u>257,187</u>	<u>182,709</u>
	<u>\$359,778</u>	<u>\$278,777</u>
LIABILITIES AND SURPLUS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 6,695	\$ 39,337
Deferred revenue	<u>4,100</u>	<u>4,200</u>
	10,795	43,537
SURPLUS	<u>348,983</u>	<u>235,240</u>
	<u>\$359,778</u>	<u>\$278,777</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Revenue		
Associate memberships	\$ 2,901	\$ 3,231
Student memberships	3,885	3,695
Grants from corporate members		
British Columbia	71,695	68,120
Alberta	45,175	41,340
Saskatchewan	15,308	15,080
Manitoba	21,872	20,800
Ontario	192,950	174,790
Quebec	97,790	89,485
New Brunswick	8,970	9,915
Nova Scotia	14,600	13,650
Prince Edward Island	2,470	2,275
Newfoundland	4,030	3,770
Headquarters services - CDA National Convention	15,000	7,000
Interest from The Canadian Dental Research Foundation	800	800
Interest income	2,136	2,251
Ottawa building fund, donations and interest	3,002	100
Sale of publications, other than Journal	17,852	26,317
Space rental - Canadian Fund For Dental Education	3,000	2,400
Special grants and sundry income	20,126	17,217
Subscriptions, CDA Journal	4,095	4,560
	<u>547,657</u>	<u>506,796</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Expenditure		
Annual board meeting	\$ 27,800	\$ 22,455
The Canadian Dental Research Foundation Award	811	520
Contingency	35,928	650
Depreciation		
Building	4,931	4,931
Furniture, fixtures and equipment	6,100	6,419
Grants		
Canadian Dental Association - Library Trust Fund	1,000	
Canadian Dental Nurses and Assistants	300	300
Canadian Fund for Dental Education	19,000	19,000
Federation Dentaire Internationale	4,333	3,031
Journal of CDA (see * below)	(34,087)	7,488
History of Dentistry and Archives	7	132
Insurance	2,226	2,442
Office administration fund	1,136	
Office supplies and expenses	24,403	17,565
Postage	10,513	10,885
Professional services	5,050	5,404
Property expenses		
Light, heat and water	4,105	3,993
Repairs and maintenance	3,399	3,407
Taxes	6,075	6,309
Publications other than journal	51,274	43,972
Salaries	227,242	213,143
Salary expenses	24,467	22,399
Telephone and telegraph	6,987	5,828
Translations	4,362	6,479
Travel expenses	<u>67,131</u>	<u>80,603</u>
	<u>504,493</u>	<u>487,355</u>
Surplus for the year	43,164	19,441
Surplus at beginning of year	<u>235,240</u>	<u>215,799</u>
	278,404	235,240
Transfer from Canadian Dental Association Reserve Fund	<u>70,579</u>	
Surplus at end of year	<u>\$348,983</u>	<u>\$235,240</u>
*Certain details re Journal of CDA		
Advertising revenues	<u>\$157,741</u>	<u>\$121,236</u>
Less costs		
Agency commission	20,410	15,460
Photo engravings	3,713	5,478
Postage	19,483	17,109
Printing	80,048	83,682
Publisher's commission		6,995
	<u>123,654</u>	<u>128,724</u>
Excess of (revenues over costs) costs over revenues	<u>\$ (34,087)</u>	<u>\$ 7,488</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF SOURCE AND APPLICATION OF FUNDS

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Source of funds		
Operations		
Surplus for the year	\$ 43,164	\$19,441
Depreciation which does not involve an outlay of funds	<u>11,031</u>	<u>11,350</u>
	<u>54,195</u>	<u>30,791</u>
Application of funds		
Land purchase, Ottawa	1,900	2,176
Additions to furniture, fixtures and equipment	862	1,397
Building, Ottawa - architectural and legal fees	<u>12,168</u>	<u>14,642</u>
	<u>14,930</u>	<u>18,215</u>
Increase in working capital	39,265	12,576
Working capital at beginning of year	<u>52,531</u>	<u>39,955</u>
Working capital at end of year	<u>\$ 91,796</u>	<u>\$52,531</u>
Current assets	\$102,591	\$96,068
Current liabilities	<u>10,795</u>	<u>43,537</u>
	<u>\$ 91,796</u>	<u>\$52,531</u>

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1973

1. The Association undertakes to commence construction of a building within 3 years of February 28, 1973 or the property must be resold to the vendor at the original purchase price.
2. These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.
3. The 1972 comparative figures have been reclassified to conform with the financial presentation adopted in 1973.

CANADIAN DENTAL ASSOCIATION

RESERVE FUND

BALANCE SHEET - DECEMBER 31, 1973
(with comparative figures at December 31, 1972)

	<u>1973</u>	<u>1972</u>
ASSETS		
Cash	\$ 1,185	\$ 2,397
Accrued interest	1,129	1,770
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value, 1973, \$102,120; 1972, \$166,609)	110,980	179,715
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1973, \$120,915; 1972, \$127,287)	<u>103,500</u>	<u>103,500</u>
	<u>\$216,794</u>	<u>\$287,382</u>
SURPLUS		
Surplus	<u>\$216,794</u>	<u>\$287,382</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Revenue		
Investment interest	\$ 6,071	\$ 8,639
Bank interest	<u>10</u>	<u>18</u>
	6,081	8,657
Loss on sale of bonds	<u>6,090</u>	
Surplus (deficit) for the year	(9)	8,657
Surplus at beginning of year	<u>287,382</u>	<u>278,725</u>
	287,373	287,382
Transfer to Canadian Dental Association - General Account for purchase of land	<u>70,579</u>	
Surplus at end of year	<u>\$216,794</u>	<u>\$287,382</u>

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

BALANCE SHEET - DECEMBER 31, 1973
(with comparative figures at December 31, 1972)

	<u>1973</u>	<u>1972</u>
ASSETS		
Cash	\$ 6,534	\$ 565
Guaranteed investment certificates	33,000	14,000
Accounts receivable	1,645	150
Prepaid expenses	823	668
Furniture and fixtures	<u>238</u>	<u> </u>
	<u>\$42,240</u>	<u>\$15,383</u>
LIABILITIES AND SURPLUS		
Accounts payable	\$ 1,588	
Surplus	<u>40,652</u>	<u>\$15,383</u>
	<u>\$42,240</u>	<u>\$15,383</u>

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Revenue		
Registration fees - dentists and wives	\$ 72,495	\$ 51,930
Exhibit space sales	40,750	33,200
Tickets - President's party	10,140	8,862
Tickets - other functions	5,002	5,506
Interest earned	2,149	1,353
British Columbia government grant (1972 - Quebec)	5,000	5,000
	<u>135,536</u>	<u>105,851</u>
Expenditure		
Shipping and mailing	2,018	4,604
Clinician honoraria and expense	12,130	11,149
Clinic equipment and facilities	3,511	3,719
Cost of exhibits	9,079	6,920
Meeting room rental fees		3,095
Registration facilities	1,600	1,913
Printing and promotion	14,180	18,040
Social functions	35,482	25,061
Table clinician gifts	772	650
CDA Section grants	1,815	1,125
Temporary help	1,033	1,586
Security services	1,094	783
Headquarters services, including transfers to General Account Revenue, \$15,000 in 1973; \$7,000 in 1972	16,281	7,809
Telephone and telegraph	1,493	1,299
Translation	592	864
Travel expense	3,362	5,330
Installation lunch (see government grant above)	5,000	4,122
Miscellaneous expenses	825	500
	<u>110,267</u>	<u>98,569</u>
Surplus for the year before profit sharing	25,269	7,282
Equal profit sharing with Quebec Dental Surgeons Association		<u>3,641</u>
Surplus for the year after profit sharing	25,269	3,641
Surplus at beginning of year	<u>15,383</u>	<u>11,742</u>
Surplus at end of year	<u>\$ 40,652</u>	<u>\$ 15,383</u>

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

BALANCE SHEET - DECEMBER 31, 1973
(with comparative figures at December 31, 1972)

ASSETS	<u>1973</u>	<u>1972</u>
Cash	\$ 522	\$ 28
Government bonds, at cost (market value 1973, \$41,500; 1972, \$41,500)	<u>41,500</u> <u>42,022</u>	<u>41,500</u> <u>41,528</u>
Furniture and fixtures, at cost	103	103
Less accumulated depreciation	<u>61</u> <u>42</u>	<u>51</u> <u>52</u>
Books, at cost	26,397	24,830
Less accumulated depreciation	<u>26,396</u> <u>1</u>	<u>24,829</u> <u>1</u>
	<u>\$ 42,065</u>	<u>\$ 41,581</u>
SURPLUS		
Surplus	<u>\$ 42,065</u>	<u>\$ 41,581</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Revenue		
Bond interest	\$ 2,802	\$ 2,386
Bank interest and sundry income		35
Grant from Canadian Dental Association - General Account	1,000	
Royalties - History of Dentistry	<u>3</u>	<u>248</u>
	<u>3,805</u>	<u>2,669</u>
Expenditure		
Bank charges	11	17
Binding books, journals, etc.	420	433
Depreciation, books	1,567	2,511
Depreciation, furniture and fixtures	10	10
Office supplies and expense	47	275
Subscriptions	<u>1,266</u> <u>3,321</u>	<u>768</u> <u>4,014</u>
Surplus (deficit) for the year	484	(1,345)
Surplus at beginning of year	<u>41,581</u>	<u>42,926</u>
Surplus at end of year	<u>\$ 42,065</u>	<u>\$ 41,581</u>

CANADIAN DENTAL ASSOCIATION
THE GRIEVE MEMORIAL LECTURESHIP FUND

BALANCE SHEET - DECEMBER 31, 1973
(with comparative figures at December 31, 1972)

ASSETS	<u>1973</u>	<u>1972</u>
Cash	\$ 643	\$ 625
Accrued interest	68	85
Government bonds and guranteed investment certificate, at cost (market value 1973, \$4,600; 1972, \$4,765)	<u>5,343</u>	<u>5,340</u>
	<u>\$6,054</u>	<u>\$6,050</u>
SURPLUS		
Surplus	<u>\$6,054</u>	<u>\$6,050</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1973
(with comparative figures for 1972)

	<u>1973</u>	<u>1972</u>
Revenue		
Bond interest	\$ 256	\$ 273
Bank interest	21	18
	<u>277</u>	<u>291</u>
Expenditure		
Orthodontic Section of Canadian Dental Association	<u>273</u>	<u>273</u>
Surplus for the year	4	18
Surplus at beginning of year	<u>6,050</u>	<u>6,032</u>
Surplus at end of year	<u>\$6,054</u>	<u>\$6,050</u>

MEETING OF VOTING MEMBERS

A meeting of the corporate members (voting members) of the Canadian Dental Association was held in the Civic Ballroom of the Four Seasons-Sheraton Hotel, Toronto, on Saturday, October 5, 1974.

CALL OF MEETING

1. An official notice of the meeting was mailed to the Presidents and Secretaries of CDA corporate members from the headquarters of the Canadian Dental Association, Toronto, on May 23, 1974. A further announcement of the meeting was made in the Civic Ballroom of the Four Seasons-Sheraton Hotel, Toronto, on Friday, October 4, 1974.

QUORUM

2. In accordance with the requirements of CDA by-laws (Article VI, Section 1(f)), written notice had been received by the Executive Director of the appointment of the following corporate member representatives:

British Columbia:	J.F. Reid
Alberta:	R.A. Gray
Saskatchewan:	F.T. Wihak
Manitoba:	A.J. Shinoff
Ontario:	R.L. Moran
Quebec:	C.E. Gosselin
New Brunswick:	M.J. Crompton
Nova Scotia:	C.E. Dexter
Newfoundland:	K.F. Walsh

3. All of the above named were present. No response had been received from the corporate member from Prince Edward Island.

AGENDA

4. Motion: Reid - Wihak
that the agenda, as distributed,
be adopted.

Carried

APPOINTMENT OF AUDITORS

5. Motion: Reid - Gosselin
that Thorne, Riddell & Co. be
appointed auditors until the
next meeting of the corporate
members.

Carried

NEW BUSINESS

6. No new business was considered.

MEETING OF VOTING MEMBERS

ADJOURNMENT

7. Motion:

Cripton - Walsh

that the October 5, 1974 meeting
of voting members be adjourned.

Carried

INSTALLATION CEREMONY

An installation ceremony was held in the Grand Ballroom of the Four Seasons-Sheraton Hotel, Toronto, on Wednesday, October 9, 1974 during the CDA annual meeting luncheon. Dr. J.E. Abra, retiring President, presided.

PRESIDENT ABRA

Dr. Abra officially opened the Installation Luncheon ceremonies by saying Grace and proposing a Toast to the Queen. He then went on to welcome the guests and introduce the head table. Dr. Abra graciously thanked all those in the profession and on the staff at CDA headquarters who had assisted him in so many ways during his term of office as President.

HONORARY MEMBERSHIP: presented by President Abra

Joseph Harker Johnson was born in Dunnaway, County Cork, Ireland a few years ago and at an early age emigrated to Canada where his parents chose my favourite province, Manitoba, in which to settle. He attended elementary school in Brandon, Manitoba and then went on to Brandon College where he distinguished himself as a student, winning several scholarships and awards. He then went on to the University of Toronto and graduated from the Faculty of Dentistry in 1925. He entered private practice in Acton, Ontario immediately upon graduation and practised there until 1930 when he moved to Toronto. He returned to his Alma Mater as an instructor in oral surgery and ultimately became head of the department and a member of the University Senate. He is now Professor Emeritus. He has held practically every presidency it is possible for an oral surgeon practising in Ontario to hold, and has been honoured by many of them. Just last week, he was made an honorary fellow of the Royal College of Dentists of Canada.

Besides his activity as a teacher, clinician and dental statesman, he has found time to write numerous scientific papers and was Editor of the JOURNAL OF THE ODA and also chairman of the editorial board of ORAL HEALTH for fifteen years.

Besides his dental interests he is a member of the Toronto Cricket, Skating and Curling Club, the Empire Club, the Masonic Order and a member of several historical societies.

It is therefore fitting that we honour the Canadian Dental Association by granting him an honorary membership in our organization.

DR. JOHNSON expressed his appreciation to the Association and commented on his long involvement with Canadian organized dentistry.

INSTALLATION CEREMONY

INSTALLATION OF NEW PRESIDENT: Installing Officer D.K. Peters

A signal honour is mine today - that of installing as the 55th President of the Canadian Dental Association Dr. John Frederick Reid of Vancouver.

During six years of service as a governor of our Association, Dr. Reid has shown himself to be a most capable candidate for its highest office. Responsible and capable, diplomatic and wise, charming and warm, our new President will, I am sure, relate to his constituency and beyond the best interests of the dental profession and its health care responsibilities.

Nurtured in a western environment in British Columbia and Alberta, trained as well in our sister profession of pharmacy, indoctrinated in our profession during six wartime years in the Dental Corps which directed him to an eventual graduation from McGill University's Faculty of Dentistry in 1950, Dr. Reid's natural talents were well focussed into leadership in dentistry. This leadership has manifested itself in a splendid group practice in North Vancouver, in the presidency of his local and provincial dental associations and in membership on the Wells Commission on Dental Auxiliaries. Outside honours have included Fellowship in the International College of Dentists and District Governorship of Gyro Clubs International.

Among his greatest assets is a gracious and loyal lady, his wife Alberta, and they proudly possess four children and two grandchildren.

Being followed in line by men like Fred Reid enhances for me the honour which was mine to have similarly served.

Ladies and gentlemen, our new President is a man of great wisdom and ability to lead. Ours is the responsibility to look to his direction, support his programs, help chart his course and solve his problems. Let us make, through Fred Reid, a strong, united association, equipped and eager for the task ahead.

Monsieur le président, mesdames et messieurs, il me fait le plus grand plaisir d'introniser le cinquante cinquième président de l'Association dentaire canadienne, le docteur John Frederick Reid de Vancouver.

DR. REID

May I first thank Dr. Peters most sincerely for his kind introduction and for installing me into office as your President for the coming year. He has spoken of me most kindly and I trust I can perform to the level of confidence he has placed in me.

J'ai remarqué que, depuis plusieurs années, chaque nouveau président se fait un devoir de saluer ses confrères dans les deux langues officielles du Canada. Si je fais trop d'efforts dans cette direction, je inventerai un troisième langage officiel! Je prie donc mes confrères de langue française de bien vouloir me laisser continuer dans ma langue maternelle.

INSTALLATION CEREMONY

In accepting this insignia of the highest award afforded to a member of the dental profession in Canada, I am most cognizant of the honour that you have bestowed upon me, acutely aware of the responsibilities that lie ahead and at the same time conscious of my own limitations.

As you know from the deliberations of the Board of Governors' meeting this past week, our Association is on the threshold of a restructuring process to better represent its members and the people it serves. It will be a formidable task but I can look with confidence to the leaders of every provincial association, each one of whom supports our national organization, to the men on the Executive Council and the Board of Governors and to the members of Councils and Committees for the assistance I will most certainly require.

There is one person in this room that never supports the idea of my being president of anything - but when I am, gives me the quiet encouragement that only a husband can know. May I introduce you to my lovely wife, Berta.

To Dr. Jack Abra, may I personally thank you, Sir, for a job well done and for the help you have given me during your term of office. May I also express my sincere gratitude to the dentists of British Columbia who have supported me over many years. To Dr. Murray Cornish and his committee, I add my thanks for an outstanding convention, and to you, the members of our Association without whom these meetings would not be possible, the Canadian Dental Association counts on your continued support!

Thank you very much.

THANKING OF PAST PRESIDENT AND PRESENTATION OF GIFT: Dr. D.K. Peters

The Canadian Dental Association is grateful for the contribution which its retiring President has made during his term of office.

John Abra, you have served with the dignity and distinction which we had expected you would. You have sacrificed on our behalf and we appreciate it. You have represented us well, and we congratulate you. You are a true builder for dentistry during a long and blemishless career in its service.

As a token of its appreciation, the Association wishes to present you with its Past President's Jewel, and a gift. The picture I am presenting today is in place of the real one which already hangs in the Abra residence in Winnipeg. Its title is "Flight into Dawn" by the Manitoba artist, Leonard Sandeman, and depicts ducks on the Manitoba marshlands. Congratulations and thank you, Jack.

Supporting our President this year is a charming lady, Marion Abra, who besides being a pillar of strength to her husband and to dentistry, is not without considerable accomplishment in her own right. As a token of appreciation, my wife Dorothy, will now present to Mrs. Abra a pin and corsage.

DR. H.M. JOLLEY

Mr. Chairman:

I beg the indulgence of the Board to draw to your attention a historic as well as significant event in the history of the CDA.

This is the last meeting of the CDA at which the Royal College of Dental Surgeons of Ontario will enjoy any form of corporate affiliation with the Canadian Dental Association. Historical, because the RCDS was there at the beginning of the CDA. Significant, because it perhaps anticipates some of the changes that maturity, growth and changing times may make inevitable for the CDA.

This will be in the nature of a legal separation rather than a formal divorce. The histories of the Royal College of Dental Surgeons of Ontario and the Canadian Dental Association are so inextricably intertwined that there will always remain a sentimental as well as a practical concern for your continued well-being.

The Dentistry Act of Ontario of 1868 - the first of its kind in the world - incorporated the dental profession in our province and gave birth to the RCDS. When the CDA was founded in its original form in 1902, the first President-Designate of the Association was James Branston Willmott, a pioneer of the RCDS and the precursor of the ODA. Since that time many graduates of the school conducted by the RCDS, which later became the Faculty of Dentistry of the University of Toronto, have contributed to the development of the CDA in many capacities. The late Dr. Gullett for several years served simultaneously as Secretary of the CDA and the RCDS. Dean Dunn, who succeeded him as Secretary-Registrar of the RCDS, was for several years Editor of the Journal of the CDA. Many graduates of pre-dental training in our western provinces received their dental degrees from the school of the RCDS and the Faculty of Dentistry.

From the first, the RCDS was the corporate member for Ontario. Some years ago it became evident that for our province the time had come to transfer this responsibility to a re-structured Ontario Dental Association so that the RCDS could concentrate its energies in those particular areas which are its concern. It was realized, however, that some of the activities of the CDA were then - as they continue to be today - of value, interest and importance to the RCDS. Accordingly, arrangements were made which enabled the RCDS to continue to have representation in the governing circles of the CDA on a limited scale. Today that representation - that last small formal link - ends.

While our formal relationship terminates, there is no doubt about the continuing readiness to support those services which the CDA, perhaps uniquely, is equipped to supply, which can be of value to the RCDS in the discharge of its responsibilities. Essentially,

we will be two separate organizations moving along parallel paths towards a common goal - the safeguarding of the dental health of the people of our country.

In his opening address, our President referred to the Roman God whose name we use in the first month of our year. It would seem appropriate to employ a classical greeting to mark the occasion of our parting. In light of some of our recent experiences of confrontation with legislative bodies, there was a temptation to use the greeting of the gladiators in the Roman arenas "Morituri te Salutamus." But at this crucial juncture in the development of the Canadian Dental Association there is a need for optimism and confidence in the future. So we content ourselves with extending our best wishes for the prosperity and well-being of the Canadian Dental Association with the traditional greeting. On behalf of the Royal College of Dental Surgeons of Ontario -

Ave Atque Vale

Hail and Farewell.

TRANSACTIONS

TRANSACTIONS

OF

THE CANADIAN

DENTAL ASSOCIATION

v 25



ANNUAL MEETING
BOARD OF GOVERNORS
ST. JOHN'S, NEWFOUNDLAND
AUGUST 14 - 16, 1975

In order to reduce costs, the Canadian Dental Association will no longer automatically send copies of the Transactions of its Annual Meeting to all members.

If you wish to receive a copy of the 1976 CDA Transactions please return this card to the Association by May 31st.

A large, empty rectangular box with a thin black border, intended for a return address or other information to be sent to the Association.

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ANNUAL MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION



ST. JOHN'S
NEWFOUNDLAND

August 14 - 16

1975

I N D E X

Accreditation Documentation, Review of	85
Accreditation Program, CDA (General)	12
Accredited Educational Programs	13
Accredited Hospital Programs	81
Funding of	48
Adjustment Income Dollars Plan (A.I.D.)	91
Administration	54
Annual Meetings and Conventions, Future of CDA's	49
Annual Reports, Review of by Executive Council	59
Annual Teaching Conference, Transfer of	16
Association Priorities	60
Association's Funds and Resources, Control of	58
Auditors	53, 117, 140, 165
Blue Cross Program (Extended Health)	95
Board of Governors	7
Board of Governors, Special Meeting of	11, 57, 67, 125
Budget, Report of 1976	153
Bureau of Statistics	52
By-Laws	58
Canadian Council on Hospital Accreditation	84
Canadian Dental Research Foundation Award	59
Canadian Dental Service Plans Inc.	111
Canadian Fund for Dental Education	1, 17
Canadian Society of Public Health Dentists	8
Caribbean Dental Program	60
CDA/ADA Joint Meeting	52
CDA's 75th Anniversary	53
Certificate of Merit (Definition of Award)	47
Computerization of Group Plans	96
Conflict of Interest	8, 54
Constitution and By-Laws, Report of Council on	7
Continuing Education Cassette Program, CDA's	60
Convention, 1975	48
Official Guests	49
Registration Policy	49
Registration Policy for Retired Dentists	49
Convention Coverage, 1974	86
Dental Aptitude Test Committee, Report of	15
Dental Auxiliaries	73
Ad Hoc Committee, Health Care/Education	16
Codes of Ethics for Auxiliary Groups	44
Cost Effectiveness Studies	73
Mini-Conference on Dental Auxiliaries	73, 75
Dental Fees, Pamphlet on	73
Dental Health Week	88
Dental Laboratory Technology Programs, Accreditation of	14

I N D E X

Dental Materials and Devices, Report of Committee on	130
Dental Services	72
Dental Therapeutics, Committee on	48
Dentistry in Extended Care Centres	84
Disability Program (Income Protection, Office Overhead Expense, Accidental Death & Dismemberment)...	94
Distinguished Service Award (Definition of Award)	46
Education, Report of Council on	12
Elected Officers, Officials and Council Members	112, 116
Elections	112
Endodontics, Report of Section	41
Ethics, Report of Council on	42
Executive Council	45, 112
FDI Supporting Memberships	52
Federal Legislation	106
Films	86
Finance Committee	59
Financial Resources	58
Fluoridation Brief to Quebec Parliamentary Commission on Social Affairs	53
General Insurance Program	92
Government Communications	87
Graduate Package	91
Guaranteed Fund	95
Gullett, Don W. Memorial	47
Health Care, Report of Council on	72
Home-Owners Policy	92
Honorary Membership and Awards	45, 61
Honorary Memberships (Definition of Award)	45
Hospital Services, Report of Council on	81
Information Services, Report of Council on	86
Installation Ceremony	178
Insurance and Investment, Report of Council on	89
International Conference on Health Education of the Public	53, 63
Journal Advertising re Insurance and Investment Plans	96
Legislation, Report of Council on	103
Library, CDA's Sydney Wood Bradley Memorial	57, 65
Loan Protection Plan	94, 101
Malpractice Insurance	92
Manitoba Life Plan	92
Master Contracts	90
Methodology, Survey Policy	13
Minimum Requirements for the Approval of Postgraduate Specialty Programs	13
Model By-Laws, Hospital.....	85

INDEX

National Dental Examining Board of Canada (The)	106, 107
National Dental Manpower	55
National/Provincial Insurance and Investment Programs	57
Necrology	109
Newspaper Columns	87
Nominations, Report of Council on	111, 113
Office Overhead Calculator	94
Ontario Dental Association Retirement Savings Plan	95
Oral Pathology, Report of Section	118
Oral Radiology, Report of Section	119
Oral Surgery, Report of Section	120
Orthodontics, Report of Section	121
Ottawa Headquarters Building	54, 64
Paedodontics, Report of Section	122
Performance Data, Retirement Savings Plan	95
Periodical Subscriptions for Board Members and Council Chairmen	53
Periodontics, Report of Section	124
President, Report of	125
Installation of New President	180
Professional Council	58, 70
Prosthodontics	10, 55
Provincial Economics Committee Chairmen, Meeting of	72
Provincial Summaries, Dental Health Services	72
Public Health Committee	73, 80
Public Health, Report of Section	128
Radio Spot Announcements	86
Recruitment, Report of	16
Registered Retirement Savings Plan	95
Research, Report of Council on	129
Resolutions, Special	136
Review Procedures, re Accreditation	14, 19
Royal College of Dentists of Canada (The)	106, 137
RVU System	72
Section Membership	54
Sections	7
Simultaneous Translation - 1975 Annual Meeting	49
Special Office Business Package	92
Standard Claim Form, CDA	72
Stipend to President and Members of Finance Committee	59
Student Membership	16
Survey Policy, Report of Committee on	12
Task Force on Continuing Education, Report of	14, 23
Task Force on Preventive Dentistry	88
Tax Deductibility for Continuing Education Expenses	56
Taylor, Dr. J.B.	127, 156, 179

I N D E X

Television Film Clips	86
Term Life Program, Insurance	91, 100
Treasurer, Report of	139
Umbrella Insurance Coverage	92
Undergraduate Package, Insurance	91
Uniform Code, CDA	72
Voluntary Membership:	
Ontario and Quebec	50
Re Provincial Life and Honorary Members	52
Voluntary Membership Drives	87
Voting Members, Report of Meeting of	117

F O R E W O R D

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association in the Grand Salon, Holiday Inn, St. John's, Newfoundland, August 14-16, 1975. It includes motions which emanated from the Special Board Meeting held in Toronto, March 3 and 4, 1975 (see Executive Council report, Appendix 5). The record of the 1975 meeting of voting (corporate) members and the report of the installation ceremony held at Paton College Dining Hall of Memorial University on August 20, 1975, appear at the end of this book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils and Sections, etc., are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the Council or Section reports constitute the comments and action of the Board.

The purpose of the CDA TRANSACTIONS is to provide members with a summary record of the policies and decisions of the Board and the work of the Association's Councils and Sections.

OFFICERS AND OFFICIALS

1974 - 75

President	J.F. Reid, North Vancouver
President-elect	H.L. Mussells, Westmount, P.Q.
Immediate Past President	J.E. Abra, Winnipeg
Executive Director	W.G. McIntosh, Toronto
Editor	Miss P. Lundie, Toronto
Treasurer	J.B. Taylor, London
Chairman of the Board	W.P. Munsie, Vancouver
Comptroller	D.M. McDonald, Toronto
Director of Administration	L.A. Stevenson, Toronto

EXECUTIVE COUNCIL

J.F. Reid	H.L. Mussells	M.J. Crompton
J.E. Abra	D.C. Clee	D.L. Rife
	S. Silver	

BOARD OF GOVERNORS

J.E. Abra	R.N. Hicks
M.D. Charendoff	R.T. Malpass
L.G. Craigie	R.L. Moran
M.J. Crompton	H.L. Mussells
C. Dexter	J. Pate
J.A. Doiron	J.F. Reid
V. Dontigny	D.L. Rife
R.F. Evans	A.J. Shinoff
W.J. Froese	P.R. Shunock
C.E. Gosselin	S. Silver
R.A. Gray	G.E. Utas
R.P. Harper	K.F. Walsh
A.J. Harris	F.T. Wihak

Alternates:

M. Trepanier	- Quebec
J.N. Wright	- Canadian Forces Dental Services

Non-voting representatives:

T. Curry	- Department of National Health and Welfare
F.T. Irwin	- Department of Veteran Affairs

AGENDA

A G E N D A

1975 BOARD OF GOVERNORS

AUGUST 14-16

Thursday, August 14

9:00 a.m.

Call to order
Invocation
Official call of meeting
Presentation of credentials
Roll call
Special orders of business
Adoption of agenda
Minutes of previous meeting
Necrology Report
President's Report
Reference Committee assignments
Assignment of submitted resolutions
Manual for conduct of meetings

9:45 a.m. - 10:00 a.m.

Presentation of report of
Nominations Council
Nominations to Council on
Nominations

10:00 a.m. - 12:45 p.m.

Reference Committees #1, 2 & 3:
open hearings

2:00 p.m. - 5:30 p.m.

Reference Committee #4: open hearing

7:30 p.m.

Reference Committees: executive session

Friday, August 15

9:00 a.m. - 12:30 p.m.

Reference Committee #4: open hearing

2:00 p.m. - 5:30 p.m.

Second session of the Board:
Presentation of reports
Statement of NDEB
Statement of CFDE
Statement of RCD(C)

7:30 p.m.

Reference Committees: executive session

AGENDA

Saturday, August 16

9:00 a.m. - 11:00 a.m.

Elections

9:00 a.m. - 12:30 p.m.

Third session of the Board:
Presentation of reports

2:00 p.m. - 5:30 p.m.

Fourth session of the Board:
Treasurer's Report
Meeting of members (voting
corporate members)
Election results: Chairman,
Council on Nominations
Unfinished business
Adjournment

REFERENCE COMMITTEE
PERSONNEL*

REFERENCE COMMITTEES

REPORTS

Committee #1

Craigie	- Chairman
Bingham	
Bowden	
Cripton	
Dontigny	
S. Strong	- Secretary

Education
Hospital Services
Research
Endodontics S**
Oral Surgery S

Committee #2

Gray	- Chairman
Abra	
Daly	
Shinoff	
Simard	
O. Henry	- Secretary

Information Services
Health Care
Public Health S
Oral Pathology S
Oral Radiology S
Orthodontic S
Paedodontic S

Committee #3

Wihak	- Chairman
McPhail	
Moran	
O'Driscoll	
Silver	
L. Teteruck	- Secretary

Constitution and By-Laws
Insurance and Investment
Ethics
Legislation
Periodontic S
President

Committee #4

Dexter	- Chairman
Gosselin	
Leung	
Rife	
Sexton	
I. Kleysteuber	- Secretary

Executive (including
report on Special
Board Meeting)
Treasurer

Special Resolutions Committee -

Chairman: K. Walsh

* Personnel: Council Chairmen and Section Officers are expected to attend when reference committees are discussing their particular reports. At other times they are free to attend the reference committee of their choice.

** S: Section

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

AUGUST 1975

1975 ANNUAL MEETING

1. The thirteenth annual meeting of the Canadian Fund for Dental Education was held May 1-2, 1975, at 234 St. George Street, Toronto, Ontario, with all trustees present.

PROGRESS IN 1974

2. No doubt you have all reviewed the Fund's 1974 annual report which was inserted in the April issue of the CDA Journal and, therefore, are already aware of the significant progress made in providing assistance for dental education and research. May I just remind you then that record levels of support in 1974 enabled us to provide almost \$100,000 for the benefit of dentistry, and with your continued cooperation and help we confidently expect to increase this by at least 25% in 1975.

PROGRAMS SUPPORTED IN 1975

3. The following gives particulars of programs that will be supported by CFDE this year:
4. Teacher training fellowships have always been an important Fund activity, and this year the Advisory Committee on Fellowship Selection reviewed 26 applications for support. The Chairman of the Committee, Dr. Ralph C. Burgess, in his report to the trustees recommended changes in the granting procedure which were approved. Dr. Burgess also pointed out that his Committee had considered the feasibility of integrating a forgivable loan/conditional bursary program with CFDE's existing fellowship program. The Committee still feels that such a program would offer some advantages, however, there are problems in respect of funding which have to be resolved before such a plan is practical. Teacher training fellowships with a total value of \$61,500 were awarded to 15 dentists. Similar fellowships having a total value of \$6,000 were awarded to 4 dental hygienists.
5. I attended the Advisory Committee meeting and was greatly impressed not only with all the hard work that was done at the full-day meeting, but also with the obvious amount of homework done by the Committee members prior to the meeting. I want to express our sincere thanks to all of them.

6. Student activities enjoy a high priority and, therefore, a grant of \$4,430 was approved to fund this year's students' conference to be held in Halifax. The trustees further agreed to finance the 1976 and 1977 conferences on the basis of submitted budgets. With the continued help of one of our generous supporters, CFDE will again underwrite the cost of the student table clinic program held at this convention.
7. A total of \$12,300 was budgeted to help pay for graduate and undergraduate accreditation programs in 1975.
8. A grant was approved to fund a CDA Council on Education sponsored teaching conference on "Practice Management" to be held this fall.
9. The Ontario Dental Association was awarded \$2,500 to help finance an upcoming study of auxiliary programs.
10. Estimated income of \$3,800 from the Lorne E. MacLachlan endowment fund will be equally divided between the dental faculties of the University of Toronto, McGill and Dalhousie. The funds are earmarked for the prosthodontics department in each of these schools as requested by Dr. MacLachlan.
11. Grants totalling \$3,450 were approved to fund two dental hygiene educator workshops.
12. CDA's Committee on Dental Materials and Devices will receive a grant of \$2,000 in support of its 1975/76 activities.
13. A grant of \$1,250 was approved for each of Canada's ten dental schools on receipt of an application stating how the funds will be used.
14. You will be pleased to know that a grant of \$5,000 was approved to help launch CDA's Council on Information Services' preventive campaign.
15. The trustees are confident that these plus several other smaller awards will do much to move dentistry ahead this year. The total value of all grants will be \$126,000.

CAPITAL FUND

16. As of June 11, 1975, contributions (including pledges) to the Capital Fund totalled \$285,743. Payments to date amount to \$273,498, and I am happy to say that only \$7,545 in pledges is past due at this time. I have no doubt that most of this exceptionally small amount will be paid in the near future.

CFDE LOAN TO CDA

17. I am sure that many of you already know that CFDE has agreed to loan \$300,000 to help finance CDA's new building in Ottawa. Interest on the loan will be at 10%, slightly lower than the going rate and as favourable as possible, keeping in mind the responsibilities of the trustees of a charitable trust such as CFDE. It is most important to remember, however, that all of the Fund's income is used for the advancement of dentistry.

RESIGNATIONS AND APPOINTMENTS

18. As many of you may know, my present term has expired, and although eligible for reappointment, I have tendered my resignation to the Board of Trustees. I did so after careful consideration and in the firm belief that a change in the Chairmanship is in the best interest of the Fund. My decision does not reflect any lack of interest on my part because I have greatly enjoyed my involvement with CFDE and it has been an honour and a privilege for me to serve as Chairman.
19. Dean John W. Neilson, currently Vice-Chairman of the Fund, has kindly agreed to assume the Chairmanship and I have no hesitation whatsoever in enthusiastically recommending his appointment. Some years ago Dr. Neilson served as Chairman of our Advisory Committee on Fellowship Selection and has been a trustee since 1971. May I say that Dr. Neilson was the unanimous choice of his fellow trustees.
20. As you will recall, Mr. Stanley O. Tebbutt was appointed to fill the unexpired portion of the late Mr. Charles E. Peirce's term of office. Stan has proved to be a valuable addition to the Board and the trustees appointed him Vice-Chairman of the Fund to succeed Dr. Neilson.
21. I am also most pleased to report that Dr. Henri Brouillet has kindly agreed to serve for a further three year term as a trustee.
22. The trustees authorized me to ask Mr. Alex S. Currie, President of the Dental Company of Canada, if he would be prepared to fill the vacancy on the Board of Trustees. Alex has kindly consented to let his name stand in nomination and I am most pleased to recommend his appointment.

On motion from the floor:

Moved that Dr. J.W. Neilson be appointed Chairman of the Board of Trustees of the Canadian Fund for Dental Education; and

That the following be appointed Trustees of the Canadian Fund for Dental Education to serve for a three-year term:

*Dr. H. Brouillet
Mr. S.O. Tebbutt
Mr. A.S. Currie.*

Adopted

BY-LAWS AND TRUST DEED

23. I would now like to comment on the By-Laws and Trust Deed of the Fund:
24. Background. At its 1974 session, the Board of Trustees of the Canadian Fund for Dental Education made its routine review of the By-Laws and directed its Vice-Chairman and Executive Director to make a more comprehensive review of the instrument and present their recommendations to the 1975 session. The remit was to check the adequacy of the By-Laws after 12 years of operation by the Fund and to recommend any changes which might be desirable in the light of experience and current operations and programs.
25. The By-Laws of similar organizations were examined and consultations were held with several trustees and with the legal counsel of the Fund.
26. It became apparent that in order to make desired changes in the By-Laws of the Fund it was necessary to review the Deed of Trust under which the Fund was legally established in October, 1962.
27. Deed of Trust. The Deed of Trust, dated October 22, 1962, brings the Canadian Fund for Dental Education within the laws of the Province of Ontario, imposes the usual restrictions on the receipt and disposition of funds to further the objectives of the Trust, authorizes the trustees to carry on the business of the Fund and places certain safeguards to insure that funds are used "for the purpose of aiding and assisting dental education in Canada".
28. Legal counsel has advised that it would be appropriate to seek the co-operation of the Canadian Dental Association in the amendment of the Deed of Trust since the beneficiaries of the Trust could be held to be broadly the Canadian Dental Association and, more specifically, all of its members.
29. The Board of Trustees of the Fund, at its annual session on May 1-2, 1975, concluded that it would be desirable to seek amendment of two articles of the Deed of Trust so that it could move at some near date to the perfection of its By-Laws in the interest of operating more efficiently and in keeping with the experience that the Fund has accumulated in its 12 years of operation.
30. The Board of Trustees of the Fund also concluded that the amendment of two articles of the Deed of Trust (Articles 3 and 5) would be adequate for the purpose of subsequently revising the By-Laws of the Fund. The following is the text of the two articles:
31. (3) The undersigned trustees shall be the original trustees and shall act in that capacity until their successors are appointed by the Board of Governors of the Canadian Dental Association. (Emphasis supplied.)
32. (5) The Fund shall be administered by the trustees on a non-profit basis. The financial details of the Trust shall be administered by The Canadian Dental Association in accordance with the instructions of the trustees. (Emphasis supplied.)

33. Comment on Request for Amendment of Deed of Trust. The current Board of Trustees of the Fund recognizes the probable desirability of these two articles when the Fund was launched in 1962 to insure that the Board of Governors of the Canadian Dental Association had an appropriate voice in the selection of the trustees who would conduct the operations of the Fund; to insure that contributed funds and their management should meet the high standards of the Canadian Dental Association.
34. The Board of Trustees of the Fund believes that the highly successful operation of the Fund for the past 12 years has removed both the necessity and desirability for the retention of these two provisions of the Deed of Trust. The Board believes it should have right to select successor trustees under its own authority and that the "financial details of the Trust" should be managed independently by the Board of Trustees of the Fund within the terms of the Deed of Trust..
35. Appropriate amendments of these two provisions of the Deed of Trust will remove any possible conflict associated with an even remotely suspected beneficiary (i.e. the Canadian Dental Association) appointing the trustees of a public trust fund.
36. Since 1964 the annual meeting of the Fund's Board of Trustees has been held in March or April in order to deal promptly with applications for support and other current business, including the replacement of trustees whose term of office has been completed or who for one reason or another have resigned. This results in an unfortunate time lag of perhaps five or six months in the appointment of new trustees, since the Board of Governors of the Canadian Dental Association frequently does not meet until the fall of the year.
37. For these and other reasons, the Board of Trustees of the Fund hopes that the Board of Governors will give favourable consideration to this request.
38. If the Board of Governors agrees to the amendment of the Deed of Trust, the Board of Trustees of the Fund, in consultation with legal counsel, will prepare the necessary documentation for submission to the proper government agencies.

On motion from the floor:

Moved that the Board of Governors approve the adjustments in the Deed of Trust of the Canadian Fund for Dental Education as recommended by the Fund's solicitors and as outlined in the Fund's 1975 report to the Board of Governors with the one exception that nominees to the Board of Trustees of the Canadian Fund for Dental Education be ratified by the Executive Council of the Canadian Dental Association.

Adopted

OFFICE SPACE

39. We are grateful to the Canadian Dental Association for continuing to provide us with office space and feel that the annual rental of \$3,000 paid by the Fund is reasonable.

CDA GRANT TO CFDE

40. Tangible support from the national Association is of vital importance in attracting funds from outside sources and, therefore, we most sincerely hope that the Canadian Dental Association will make a grant of at least \$5,000 to the Fund in 1975.

APPRECIATION

41. This, of course, is my final report to the Board of Governors and, therefore, I want to express deep appreciation for the help and co-operation you have given me at all times. It has been a real pleasure to work with you gentlemen.

Respectfully submitted,

M. E. (Bud) Bower, Chairman
Board of Trustees

CONSTITUTION AND BY-LAWS

MEMBERS: H.R. MacLean, Edmonton, Chairman; P.S. Christie, Halifax; W.J. Spence, Toronto; H. Brouillet, Montreal

R E P O R T

MEETINGS

1. The curtailment of council meetings has placed a marked restriction on the operation of the council.

BOARD OF GOVERNORS

2. In order to implement the 1974 Board directive that student members be given voting representation on the Board (1974T17)

RESOLVED

That Article VIII (Section 1(a) of the By-Laws be amended to read: "There shall be a governing body called the Board of Governors which shall include the President, immediate Past President and additional voting members, who shall be designated representatives of the Corporate members pursuant to Article VIII, Section 2(b) provided that one of the additional voting members shall be the President-elect. The Board shall also include one voting representative selected by the Canadian Dental Students' Conference."

Adopted

Note: A corresponding amendment will be required for Article VIII Section 1(b) to eliminate the non-voting student representation to the Board.

COUNCIL ON EDUCATION

3. The 1974 Board further directed that the CDNAA should have non-voting representation on the Council on Education (1974T19). Therefore it is

RESOLVED

That Article XIV Section 4(b) paragraph 2 be amended to read: "The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Canadian Dental Hygienists' Association, the Canadian Students' Conference and the Canadian Dental Nurses and Assistants' Association have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each."

Adopted

SECTIONS

4. In 1974 the Board approved the applications of two new specialty groups for section status, namely Oral Pathology (1974T45) and Oral Radiology (1974T46).

CONSTITUTION AND BY-LAWS

RESOLVED

That Article XV Section 1 be amended by the addition of "Section on Oral Pathology" and "Section on Oral Radiology."

Adopted

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

5. Council a year ago, after examining the By-Laws of the above Society, recommended that the sentence describing eligibility for Associate Membership be changed (1974T6). In compliance with the recommendation, the pertinent sentence now reads: "A dentist who is a member in good standing of the Canadian Dental Association or a recognized national dental association outside Canada."

CONFLICT OF INTEREST

6. The Executive Council asked the Council on Constitution and By-Laws to review a proposal on the subject of "Conflict of Interest". Council is in agreement with the proposal:

RESOLVED

That a new Article XX be inserted after Article XIX as follows:

"Article XX, Section 1, Conflict of Interest

(a) Every member of the Board of Governors of the Association who has directly or indirectly, any interest in any contract or transaction to which the Association is or is to be a party, shall declare his material interest in such a contract or transaction at a meeting of the Board of Governors at which the contract or transaction is first considered. He then will absent himself from discussion and voting on such contract or transaction.

(b) If a governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.

(c) The above provisions apply automatically to the members of the various Committees, Councils and Bureaux of the Association. Each Board and/or Council, etc., member, in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.

CONSTITUTION AND BY-LAWS

(d) All nominees for election or appointment to Councils, Committees or Bureaux of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.

(e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.

(g) The Board shall be the final authority on any disputed conflict of interest."

That the remaining Articles be renumbered accordingly.

The Board agrees with the subsections of Article XX, Section 1, as stated above but wishes to amend the resolution by adding a new subsection (g) and changing the lettering of subsection (g) to (h).

The following amended resolution is presented:

Resolved that a new Article XX be inserted after Article XIX as follows:

Article XX, Section 1, Conflict of Interest

(a) Every member of the Board of Governors of the Association who has directly or indirectly, any interest in any contract or transaction to which the Association is or is to be a party, shall declare his material interest in such a contract or transaction at a meeting of the Board of Governors at which the contract or transaction is first considered. He then will absent himself from discussion and voting on such contract or transaction.

(b) If a governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.

CONSTITUTION AND BY-LAWS

(c) *The above provisions apply automatically to the members of the various Committees, Councils and Bureaux of the Association. Each Board and/or Council, etc., member, in order to make sufficient disclosure, is required to do so not only to his Council, etc., members, but also to the Board of Governors in writing.*

(d) *All nominees for election or appointment to Councils, Committees or Bureaux of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.*

(e) *No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.*

(f) *That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.*

(g) *That, no otherwise qualified member of councils or bureaux of the Association shall continue to be a member if he becomes interested in or involved, directly or indirectly, in any business or undertaking which provides dental supplies or services of any kind to the dental profession.*

(h) *The Board shall be the final authority on any disputed conflict of interest.*

That the remaining Articles be renumbered accordingly.

Adopted

PROSTHODONTICS

7. Council was asked to review the intent of the 1973 re-definition of Prosthodontics to see if in fact it did create a specialty area of restorative dentistry (1974T297).
8. Council is of the opinion that the 1973 definition (1973T26-28) does indeed create a specialty area of restorative dentistry, it being one of the three major areas included in the definition namely (1) removable prosthodontics, (2) restorative dentistry and (3) maxillofacial prosthetics, and that the specialty of restorative dentistry has now been recognized by the Association.
9. Council recommends Section status for the Canadian Academy of Prosthodontics, and the Canadian Academy of Restorative Dentistry.

CONSTITUTION AND BY-LAWS

That Section Status be granted to the Association of Prosthodontists of Canada subject to approval by the Executive Council and meeting all the requirements for section status.

Adopted

SPECIAL BOARD MEETING

10. Council is aware of the several motions approved by the Special Board of Governors Meeting in March 1975. Until the Board or the Executive Council provides the Council on Constitution and By-Laws with more details of the meaning and/or intent of these motions it is impossible to draft appropriate By-Laws.

RESOLVED

- (a) That Dr. Rife's report on the Constitution and By-Laws of the Canadian Dental Association be distributed to all Board members and Corporate bodies for their consideration as soon as possible;*
- (b) That all Board members and Corporate members be requested to submit to the CDA Executive Council their comments and recommendations concerning this report;*
- (c) That a special meeting of the CDA Board of Governors be held in January to discuss the CDA Constitution.*

Defeated

On motion from the floor:

RESOLVED

- (a) That Dr. Rife's report on the Constitution and By-Laws of the Canadian Dental Association (see Executive Council report para. 82) be distributed to all Board members and Corporate bodies for their consideration as soon as possible;*
- (b) That all Board members and Corporate members be requested to submit to the CDA Executive Council their comments and recommendations concerning this report;*
- (c) That at the discretion of the Executive Council a special Board meeting or an extended Board meeting format be arranged to provide adequate time for discussion of the proposed By-Law changes;*
- (d) That items (a), (b) and (c) be enacted after the Council on Constitution and By-Laws has drafted the new By-Laws.*

Adopted

EDUCATION

MEMBERS: W.H. Feasby, Chairman, London; E.R. Ambrose, Montreal; G.E. Decker, Edmonton; R. Coulombe, Lachine; A.G. Hannam, Vancouver, L.G. Mandin, St. Paul; J.D. Purves, Toronto; J.D. McLean, Halifax; F.B. Lavoie, Sudbury

R E P O R T

1. The Council on Education met in Toronto from May 7 to 9, 1975. All members were present. Also in attendance were: Dr. M.A. Rogers, CDA Accreditation Co-Ordinator; Dr. K.C. Bentley, Representative of the Association of Canadian Faculties of Dentistry; Mrs. Joan Voris, Representative of the Canadian Dental Hygienists' Association; Miss Elaine Wesley, Representative of the Canadian Dental Nurses' and Assistants' Association; Mr. J.D. Kenney, Student Representative.
2. The following observers were present during all or part of the meeting: Directeur Simard, Ste-Foy, Quebec; Dean Leung, Vancouver, B.C.; Dean McCutcheon, Edmonton, Alberta; Dean Nikiforuk, Toronto, Ontario. During the May 9 session which considered accreditation reports, only members of the Council, the Accreditation Co-Ordinator (Dr. M.A. Rogers) and Council secretariat were present.
3. Several persons attended to present reports: Dr. G.S. Beagrie (Task Force on Continuing Education); Dr. D.L. Anderson (National Cancer Institute); Mr. J.D. Kenney (Canadian Dental Student's Conference #6); Dr. E. Yen (Student Membership Committee); Miss Linda Teteruck (Dental Aptitude Test Committee); Messrs. M.E. Bower and D.M. McDonald (Canadian Fund for Dental Education).

COMMITTEE ON SURVEY POLICY

4. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate:

Meetings and Membership:

5. A special meeting of the Committee in conjunction with representatives of ACFD was held in Toronto on November 4, 1974 to discuss accreditation methodology. On November 5-6, 1974 and March 24-26, 1975 the Committee met for general business sessions. The following members were present at both meetings: Dr. J.D. McLean, Halifax (Chairman and Council appointee); Dr. W.J. Dunn, London (Council appointee); Dr. D.R. Gratton, Plymouth, Mich. (Council appointee); Dr. G.E. Decker, Edmonton (Registrars' appointee); Dr. D.B. Proctor, Winnipeg (NDEB appointee); Dr. J.P. Lussier, Montreal (ACFD appointee); W.H. Feasby, London (Chairman, Council on Education); Dr. M.A. Rogers, Montreal (Accreditation Co-Ordinator); A.G. Hannam, Vancouver (Council appointee); Mrs. G.E. Forgay, Winnipeg (CDHA appointee). Dr. J.F. Cleall, Winnipeg, (RCD(C) appointee) attended the November meeting but was absent at the March meeting. Mrs. T. Coates, Winnipeg (CDNAA appointee) attended the November meeting whereas Mrs. D. Munro attended the March meeting (CDNAA appointee).

EDUCATION

Reports of the 1974-75 surveys:

6. The following categories of approval were awarded to programs surveyed in the 1974-75 Council year:

- (1) University of Toronto: undergraduate dental - Approval
- (2) Laval University: undergraduate dental - Provisional Approval
- (3) University of Western Ontario: graduate program in orthodontics - Approval
- (4) University of Manitoba: graduate program in oral pathology - Approval
- (5) University of Toronto: postgraduate program in oral surgery - Provisional Approval
- (6) McGill University: prosthodontics program - Provisional Approval
- (7) Algonquin College, Ottawa: dental hygiene program - Accreditation Eligible
- (8) Red River Community College, Winnipeg: dental assisting - Approval

Minimum Requirements for the Approval of Postgraduate Specialty Programs:

7. The Board of Governors in 1974 directed that "at least one full-time staff member should be available within the department in which the graduate or postgraduate program is mounted." (1974T12)
8. Since departmental structure varies from school to school and the above directive is capable of varying interpretations, Council requests the Board to amend the 1974 resolution to read:

RESOLVED

That graduate or postgraduate programs should have at least one full-time academic staff member who has advanced qualifications in the specialty in which the graduate or postgraduate program is mounted.

The Board does not agree with the above resolution and recommends a substitute resolution as follows:

RESOLVED

That graduate or postgraduate programs must have at least one full-time academic staff member who has advanced qualifications in the specialty in which the graduate or postgraduate program is mounted.

Adopted

Methodology:

9. Council amended the definition of the status "Accreditation Eligible" as follows:

"On the basis of a limited site visit evaluation and/or on an institutionally-prepared prospectus, the proposed educational program appears to meet the standards set forth in the appropriate approved survey policy and accreditation statements."

EDUCATION

10. The Council and its Committee on Survey Policy has devoted much time to the development of "Minimum Requirements for Approval of Graduate/Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the Canadian Dental Association". The requirements which originated within the specialty groups have been edited by Dr. Cleall and later by Dr. Hannam to produce a uniformity of format and have now been returned to the specialty groups for their comments and recommendations. These are being used as interim guidelines, and will be presented to the Board for approval as soon as amendments are completed.

Review Procedures:

11. The Council has been aware of the need for review and appeal procedures relating to accreditation rulings. Consequently a proposed procedure has been developed. (See appendix 1)

RESOLVED

That the Board of Governors approve the document entitled "Accreditation Review and Appeal Procedures".

Adopted

On motion from the floor:

That Section 5 of the document entitled "Accreditation Review and Appeal Procedures" include a time frame for reaching a decision.

Adopted

Accreditation of Dental Laboratory Technology Programs:

12. Council discussed the action of the Board of Governors (1974T13) with regard to the accreditation of dental laboratory technology programs and directed the Survey Policy Committee to review the requirements and/or guidelines for dental technology programs in anticipation of a request for a survey by a dental technology program. (See 1973T24)

TASK FORCE ON CONTINUING EDUCATION, Report of

13. Council received and discussed the Task Force Report and its recommendations. (See appendix 2). It appointed an ad hoc committee to:
 - (a) consider the recommendations of the Task Force Report on Continuing Education;
 - (b) develop further the proposed concept; and
 - (c) make recommendations for implementation.
14. The Task Force was thanked for its fine efforts and discharged.

The Board compliments the Task Force on Continuing Education on the completion of its assignment and anxiously awaits the report of the ad hoc committee set up by the Council on Education.

EDUCATION

DENTAL APTITUDE TEST COMMITTEE, Report of

15. Council is aware that the DAT Committee deals with highly technical matters requiring non-dental expertise, in particular matters relating to statistics and computer programming relevant to validation studies.

RESOLVED

That the Board of Governors give the DAT Committee the authority to remunerate individuals contracted for investigations relating to validation and other pertinent studies at no more than the hourly rate of \$15.00 for a 7 hour work day.

The Board does not agree with the above resolution and recommends it be amended as follows:

RESOLVED

That the Board of Governors give the DAT Committee the authority to remunerate individuals contracted for investigations relating to validation and other pertinent studies at no more than the hourly rate of \$15.00.

Adopted

16. Council notes that the Dental Aptitude Test Committee generates the funds that it requires for its program and for the vitally important validation studies.

RESOLVED

That the Board of Governors authorize the release of DAT funds in the amount of \$3,000.00 to allow for the continuance, during the 1975-76 term, of past validation studies, the investigation of future direction of studies and initiation of new studies.

The Board agrees with the intent of the above resolution but wishes to expand it as recommended in the following substitute resolution:

RESOLVED

That the Board of Governors authorize the release of DAT funds in the amount of \$3,000.00 to allow for the continuance, during the 1975-76 term, of past validation studies, the investigation of future direction of studies and initiation of new studies, and

That a report be submitted to the Board of Governors at the 1976 meeting, through the Council on Education, concerning the progress and results of these validation studies.

Adopted

EDUCATION

STUDENT MEMBERSHIP

17. Dr. Yen emphasized the students' needs for a placement advisory service and a vehicle through which students can obtain the information provided by such a service. The Council tends to agree with the need but recognized difficulties in establishing such a service at the national level and in maintaining current and accurate information.
18. Council agreed to encourage the provincial dental associations to establish a placement advisory service for graduating dental students.

RECRUITMENT, Report of

19. Council was made aware of the high demand for recruitment material and that its audio-visual material had become obsolete. The Recruitment Committee was, therefore, requested to explore the various means of acquiring an up-to-date audio-visual presentation (in French and in English) as a replacement for the "Challenge of Dentistry" and report its recommendations, including an appropriate budget item, to Council at the latter's 1976 meeting.

ANNUAL TEACHING CONFERENCE, Transfer of

20. The Council reviewed its position on this matter and moved that the Council on Education accept, in principle, the recommendation of CDA's Executive Council that the Annual Teaching Conference be sponsored jointly by the Council on Education and ACFD and funding be continued as in the past. Council then requested that the ACFD representative to the Council on Education and the Council on Education representative to ACFD develop a mechanism of implementation.
21. Dr. Ken Pownall was invited to chair the 1975 Teaching Conference on "Practice Management". Council further agreed that the 1976 Teaching Conference will be on the topic "Clinical Dental Administration". Both topics are Council's response to expressed needs.
22. Council agreed that the Dental Students Conference be invited to appoint a delegate to attend and participate fully in the 1975 Teaching Conference at Council's expense.

DENTAL AUXILIARIES AD HOC COMMITTEE, HEALTH CARE/EDUCATION

23. The Board of Governors in 1973 directed that the Council on Education in conjunction with the Council on Health Care establish guidelines with short and long term projections applicable to the education, utilization and supervision of auxiliaries. (1973T108) Council at its 1974 meeting asked Dr. D. Yeo to be Council's representative on the ad hoc committee. Dr. Yeo's report was not available. Considerable discussion took place and concern was expressed with regard to:

EDUCATION

- (a) the boundaries of the definitions of the different auxiliaries;
- (b) communication between the Council on Health Care and the Council on Education; and
- (c) the program being developed by the Federal Department of Manpower.

The Board of Governors gives high priority to the establishment of guidelines with short and long term projections applicable to the education, utilization and supervision of auxiliaries and looks forward to receiving a progress report at the annual meeting of the Governors in 1976.

24. The Chairman of the Council on Education was directed to confer, in the immediate future, with the Chairman of the Council on Health Care and the President of CDA with the intent of examining the future of dentistry, in general, and the establishment of guidelines, with short and long term projections applicable to the education, utilization and supervision of auxiliaries, in particular.

CANADIAN FUND FOR DENTAL EDUCATION

25. Council expressed its appreciation and high commendation for the contribution of Mr. Bower to C.F.D.E. and to Canadian dental education.
26. Council expressed its great regret that Mr. Bower has resigned.

COUNCIL APPOINTMENTS

27. An organizational chart for Council, its committees and representatives is shown in appendix 3.

SECRETARIAL ASSISTANCE

28. The work of Council and its Survey Policy Committee continues to increase. Council would like to be assured that it will have adequate high quality secretarial services available. These require someone thoroughly familiar with all aspects of Council activities and its unique protocols. Council asked the Executive Council to provide, at the earliest opportunity, a full-time secretary for the Council on Education.

The Board recognizes the heavy secretarial responsibilities associated with the activities of the Council on Education as outlined in paragraph 28. It anticipates an easing of the difficulties with the assistance of the new Director of Administration.

EDUCATION

COMPOSITION AND FUNCTION OF COUNCIL AND ITS COMMITTEE ON SURVEY POLICY

29. Council reviewed its composition and noted that it draws its members from the dental community of Canada in its broadest sense. Present Council members come from N.D.E.B., dental registrars, dental education, dental specialists and private practice in general. The Committee on Survey Policy is composed of one representative each from the registrars, N.D.E.B., A.C.F.D., R.C.D.(C), dental hygienists and dental assistants, plus four representatives of Council, one of whom is Chairman. Broad representation is assured and a good working balance has been achieved. In general it has been found that the members, both Council and Survey Policy do not function as representatives of a constituency but for the best interests of the profession and the education of dental health professionals. Our accreditation mechanism has attracted favourable attention from other professional groups. Council and its Survey Policy Committee are constantly striving to strengthen and improve this most important function of an autonomous profession.

Council on Education

THE CANADIAN DENTAL ASSOCIATION

ACCREDITATION REVIEW & APPEAL PROCEDURE

There shall be an accreditation review procedure to provide for fair and equitable adjudication of accreditation conflicts that may arise between an educational program and the Council on Education.

PART I - RECONSIDERATION

1. Should the Committee on Survey Policy recommend the status of "provisional approval" or "non-approval", the Educational Program will have the right to request "reconsideration" by the Committee on Survey Policy before the recommendation is transmitted to the Council on Education.
2. Upon receipt of notification by the administrator of a surveyed Educational Program that the said program has been adjudged by the Committee on Survey Policy to have a status other than "approval", the administrator will, within a period of ten (10) days, have the right formally to request "reconsideration" by the Committee on Survey Policy.
3. Upon receipt of the request for "reconsideration" the Committee on Survey Policy will, within a period of thirty days, hold a meeting to which has been invited the administrator of the Educational Program requesting reconsideration. The administrator of the program may be accompanied by a reasonable number of colleagues considered by him to be able to provide information or counsel to assist the Committee in the "reconsideration" process.
4. The "reconsideration" meeting will be attended by at least a quorum of the membership of the Committee on Survey Policy and by such CDA headquarters staff as are necessary to provide secretarial services. The chairman of the Survey Team may, at the request of the chairman of the Committee on Survey Policy, attend the "reconsideration" meeting unless the administrator of the Educational Program specifically requests that the chairman of the Survey Team not be present. The Committee on Survey Policy may, however, for the purpose of eliciting any additional information it requires, invite the chairman of the Survey Team to attend the "reconsideration" meeting after the delegates from the Educational Program have withdrawn.
5. During the "reconsideration" meeting, the representatives of the Educational Program will present their arguments and submissions following the conclusion of which the committee, in the absence of both the said representatives, and the chairman of the Survey Team, whether he was in attendance during the submissions of the Educational Program or, pursuant to paragraph 4 was present subsequent to the withdrawal of the delegation from the Educational

Program, will deliberate on the matters before it until a decision is reached. The administrator, within a period of seven days, will be advised by the Committee on Survey Policy of the outcome of the "reconsideration" meeting and of the recommendation now to be made to the Council on Education.

6. Any costs incurred by the Educational Program in respect of its attendance at or participation in the "reconsideration" meeting will be borne by the said Educational Program.

PART II - APPEALS FROM COUNCIL ACTION

Accreditation Appeal Board

An Accreditation Appeal Board, which shall not be a permanent body but rather one appointed when the need arises, shall consist of three (3) members: (a) one member appointed within 21 days by the Educational Program, such member not being a member of the staff of the institution in which the Educational Program is mounted and having no active involvement in the said Educational Program, (b) one member appointed within 21 days by the Council on Education, such member being neither a current member of Council nor of any of Council's committees, and (c) one member selected by (a) and (b), such member serving as chairman. If (a) and (b) are incapable, within a period of thirty (30) days, of reaching agreement on the selection of the chairman then the President of the Royal College of Dentists of Canada, if the appeal is in respect of a graduate or postgraduate program, or the President of the National Dental Examining Board of Canada, if the appeal is in respect of programs other than graduate or postgraduate programs, will be requested to appoint the chairman.

None of the members of the Accreditation Appeal Board shall have, at any time, participated in the deliberations bearing on any aspect of the matter being appealed.

The Accreditation Appeal Board may receive submissions from and meet with representatives of the Educational Program and the Council on Education.

The majority opinion of the Accreditation Appeal Board shall be, within the Canadian Dental Association, binding on all parties. In the event of dissatisfaction on the part of either principal to the appeal, recourse to the courts is always available.

The costs incurred by the Accreditation Appeal Board will be shared equally by the Educational Program and the Council on Education. The costs incurred by the Educational Program in respect of its attendance at and participation in the Hearing will be borne by the said Educational Program.

Terms of Reference - Accreditation Appeal Board

1. The Accreditation Appeal Board shall, within the structure of the Canadian Dental Association, be the final court of authority on substantive matters arising from appeals. As such, the Board acts on behalf of the Association.
2. An Appeal will be considered by the Accreditation Appeal Board only under either of the following circumstances:
 - (a) When an accreditation status of "non-approval" has been recommended by the Committee on Survey Policy and has been ratified by the Council on Education and providing the procedures as outlined in Part I have been followed by the Educational Program, and
 - (b) When an accreditation status of "non-approval" has been accorded by the Council on Education notwithstanding that the Council on Education had received a different status recommendation from its Committee on Survey Policy.

Application

The academic administrator responsible for the Educational Program shall, within a period of ten (10) days following receipt of notice that non-approval status has been accorded by the Council on Education, make application, in writing, to the Executive Director of the Association for the creation of an Accreditation Appeal Board. The application shall provide detailed reasons for the application and will indicate whether the applicant intends to appear or be represented before the Board. Until such time as a decision has been rendered by the Appeal Board, the accreditation status previously applying to a given program will continue.

Neither the Educational Program, the Council on Education, nor the Board shall be represented by counsel.

Appeal Procedure

"Notice of Accreditation Appeal", indicating time and place of the Hearing, shall be given, by the chairman of the Accreditation Appeal Board, to the academic administrator and to the chairman of the Council on Education. The Hearing will be held within a period of thirty (30) days following the appointment of the Appeal Board.

A majority vote of the three members of the Board shall determine the appeal. Decisions shall be based solely on the evidence or information presented at the Hearing.

The Chairman shall prepare a written report giving reasons for the decision and shall submit the said report, within fourteen (14) days of the conclusion of the Hearing, to the Executive Director of the Association who will be responsible for transmitting a copy of the report to the academic administrator and to the chairman of the Council on Education.

Procedural Guidelines for Appeal Procedure

1. A party to the proceedings may, at a Hearing,
 - (a) Call and examine witnesses and present his arguments and submissions;
 - (b) Conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts to which they have given evidence.
2. The Accreditation Appeal Board may admit as evidence
 - (a) Any oral testimony, and
 - (b) Any document or other thing, relevant to the subject matter of the review, and may act on such evidence but the Board may exclude anything unduly repetitious.

Draft prepared by: Wesley J. Dunn
February, 1975

CANADIAN DENTAL ASSOCIATION
CONTINUING EDUCATION TASK FORCE

G.S. Beagrie, D.D.S.(Edin.), F.D.S.R.C.S.(Edin.),
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M.J. Kipkind, D.D.S.

REPORT FORMAT

1. INTRODUCTION
2. REVIEW OF CONTINUING DENTAL EDUCATION PROBLEMS AND THE RELATED NEEDS
3. CONTINUING DENTAL EDUCATION AS PART OF PLANNED DENTAL HEALTH CARE
4. CONTINUING EDUCATION - SURVEY OF PRACTITIONERS
5. ROLE OF THE CANADIAN DENTAL ASSOCIATION - PRESENT AND FUTURE
6. CONCLUSIONS
7. RECOMMENDATIONS

1. INTRODUCTION

Following the Report of the Conference on Continuing Education of September 1972, the Canadian Dental Association Council on Education appointed a task force with the following remit:

"to initiate an investigative program with the licensing bodies, the corporate members, the NDEB, the dental schools and other related organizations, to establish national guidelines for continuing education in dentistry, the investigation to include academic and funding aspects of such a program, ..."

The task force worked on the assumption that the objectives of Continuing Education in Dentistry are as follows:

"a process whereby persons who no longer attend school on a regular or full-time basis undertake sequential and organized activities with a conscious intention to bringing about changes in information, knowledge, understanding or skill, appreciation and attitudes or for the purpose of identifying and solving personal or community programs."

UNESCO CONFERENCE 1972

This report has been written on the basis of the findings of the Conference on Continuing Education, communications from dental faculties, provincial associations, licensing bodies and the results of a questionnaire (Appendix A) sent to 10% of the dental profession of Canada.

2. REVIEW OF PROBLEMS AND RELATED NEEDS

Rapid growth of and proliferation of knowledge in modern life is one of the main impacts being made on all health professions at the present time.

Individuals no longer can have security based on levels of learning at the time of graduation and thus organized dentistry is faced with the responsibility of preparing its members to keep up to date through this continuing education process. However, this need is a need for adult education and the problem is that continuing education in the main has been a grafting process in which undergraduate programs, rigid in character, have been added in the name of adult education. Another problem is that these additions to basic knowledge have been added piecemeal rather than in a continuing sense - in other words, without plan.

The undergraduate training of a dentist makes for individuality - indeed this may well be one of the fascinations of the profession for those who selected it. The isolation of practice continues and the independence which ensues for the individual dentist becomes his weakness in keeping "up to date". The

physician counterpart is exposed to a hospital to maintain quality control and introduce ideas of change. Although it has long been considered¹ that use of auxiliaries in dentistry will increase productivity, Hall (1965)¹ has shown that only about 6% of practitioners employ hygienists and a recent survey² in 1971 would indicate that the figure may be as low as 3%.

A further complication is that most dentists still work a routine repair and replacement service rather than prevention. Thus the profession has not responded easily to change of public needs and attitudes.

Since continuing education must be used as the vehicle of change it must assume its rightful place in the scheme of things. In this regard there is great need for an experimental model to be set up for continuing education of dentists.

Continuing education has slipped into the danger of concentrating always on "recent advances" of knowledge and in this sense losing sight of the need to fulfill the specific area of improvement needed by this and that practitioner. For some people this knowledge would be basic in type rather than recent advanced knowledge. Both types must, however, be catered for.

3. CONTINUING EDUCATION AS PART OF PLANNED DENTAL HEALTH CARE

There is an increasing desire upon the part of the profession to have continuing education as a mandatory item for maintaining licence to practise. Such pressures have been forthcoming because of a growing awareness by the profession of society's increased concern about the quality of treatment. Quality control is already in the hands of the profession and the 1972 Continuing Education Conference of the Canadian Dental Association considered that continuing education was absolutely necessary for those providing bad dental health care.

Equally, it must be argued that continuing education courses, etc., must become the instrument of training dentists to be "comfortable" with new approaches to dental health care. Thus the use of the health team concept, being strange to most qualified practitioners, has to be introduced and directed through continuing education courses. Upward mobility of personnel within the profession must also be the plan of continuing education. The chairside assistant should be capable of retraining and, with sufficient credits, become a hygienist; the hygienist, in turn, to become an operator auxiliary. The goal of all these moves must be improved service to the community through mature professional guidance.

In terms of faculty, finances and facilities, continuing education is the "stepchild" of dental education. Courses tend to be provided to the dentist not for what he may need but instead for what he may wish.

1. Hall, O. Utilization of Dentists in Canada. Royal Commission on Health Services, Queen's Printer, Ottawa (1965).

2. D.L. Lewis (personal communication).

The recent Task Force Report on the future of the Canadian Dental Association (August 1974), indicates that study of new approaches to delivery of dental care and continuing education programs is a "high value" service required of the Association. These two subjects are indeed inseparable.

4. CONTINUING EDUCATION - SURVEY OF PRACTITIONERS

During the latter part of February 1974, a questionnaire (Appendix A) was sent out randomly to 10% of the dentists of Canada. Approximately 800 questionnaires were sent out and 562 were returned, i.e., approximately 70% positive return. The analysis of the data is shown in Appendix B.

Certain facts emerged from the survey which are worthy of comment.

Distribution according to years of practise:

55.9% of respondents were practitioners of 1 to 15 years' standing: 21.4% of 15 to 20 years' standing and 14.2% of 20 to 30 years' standing.

Mandatory continuing education:

68.7% were in favour of mandatory continuing education being required to maintain licence to practise in a province, while involvement in continuing education was considered necessary by almost all respondents for the continued practise of good dentistry.

Type of practice:

As can be seen, 64.9% of the respondents work in independent practices and 31.7% in a group practice.

Location for continuing education:

75.3% of dentists would prefer to have courses of continuing education in their own locale, which fits with the responses indicating that time lost from practices and distances away from home are the major reasons for non-attendance at continuing education courses.

Primary organizers of continuing education courses:

University faculties and professional associations were considered the necessary bodies for organizing courses. The months of October, November, February, March and April were considered the most suitable for course presentation.

5. ROLE OF THE CANADIAN DENTAL ASSOCIATION

Recognizing the need for continuing dental education, the Canadian Dental Association conducted a three day conference on the subject in September 1972, supported by National Health Grant 606-22-36.

Representatives were present from corporate members of the Association, provincial dental licensing bodies, Canadian dental schools, provincial dental directors and allied groups of the Quebec Dental Surgeons' Association, the Association of Canadian Faculties of Dentistry, National Dental Examining Board and the Royal College of Dentists of Canada. Observers were present from various bodies, including Ontario Department of Health, Department of National Health and Welfare, and the Canadian Medical and Pharmaceutical Associations (see Appendix C).

Following the publication of the Report of this Conference, the Task Force asked for commentary from the respective bodies who were represented. An expression of the role of the Canadian Dental Association was particularly asked for. In general terms, the roles suggested of the Association are as follows:

1. Development of a national system of continuing education in association with provincial associations and licensing bodies.
2. Development of a national uniform credit point system for various continuing educational activities.
3. Development of an involvement of the dental practitioners as distinct from the faculties of dentistry in new continuing education models. In this respect the Association should act as a resource centre for compiling an annual listing of resident and visiting teachers who would be suitable and available to give instruction. Topics covered and curricula vitae should be "banked" by the Association. Information on each teacher should include independent evaluations by participants of previous programs.
4. Provision of a self-assessment manual, similar to that provided by the American College of Dentists' testing service for Canadian dentists to evaluate their knowledge.
5. Setting specific standards for continuing education programs and provision of guidance for program planning.
6. Examination of undergraduate and postgraduate programs by accreditation teams for evidence of emphasis on continuing education in dentistry.
7. Development of a resource library for expensive teaching material, such as video cassettes and 8 mm. films, etc.
8. Provision of liaison with Governments to:
 - (a) help obtain tax concessions in the knowledge that continuing education is essential to maintain effective standards for delivery of health care;
 - (b) give national funds for special projects such as symposia;
 - (c) gain access to national television circuits for professional educational programs.
9. Development of educational models of continuing education and assessment of their value for the profession.

6. CONCLUSIONS

The professional in dentistry whether he is the dentist, specialist, auxiliary or technician is learning in a variety of ways. Basic education is kept up to date through journals, books, films, conventions, short courses and many other aids. The individual is responsible for his own continuing education but the national organization must help in the achievement of the goal.

Although continuing education of the dental profession falls under the aegis of many bodies, the Canadian Dental Association must accept a major central role, since, through accreditation, it is responsible for standards.

Because of the information explosion a program of continuing education is needed which is comprehensive, well organized and sequential.

Since dentists in this country are widely dispersed and most are in locations divorced from dental schools, a mass educational method must be developed to provide additional education without further over-taxing the present teaching manpower.

Greater use of the community setting is essential. Local hospitals and educational institutions, e.g. community colleges, must be used for continuing dental education. Liaison through authorities of these institutions should be conducted so that centres of learning can be set up and seen to be working with Canadian Dental Association support.

Modern technology has allowed many advances for instruction in dentistry and audio and audio-video tapes have become part of the modern educational armamentarium. The Canadian Dental Association has embarked upon an audio cassette program for continuing education purposes and over the last few years much emphasis has been placed on the need to supply an audio-video cassette program on the same basis. The cost however of video cassette material at this time is prohibitive for each dentist to use. The medium would be best supplied through the Canadian Dental Association and it would seem expedient to use the Association library as a resource centre for that purpose. Video tapes and other package courses should be made up and distributed to the profession when required.

The questionnaire shows that practitioners wish to have courses of instruction through faculties of dentistry at universities. However, for this to be effective it is essential that departments of continuing education be established with sufficient status and budgets to provide meaningful courses to practitioners and auxiliaries alike. The accreditation system of the Canadian Dental Association should be able to put pressure on schools and governments to provide for such an establishment. Time spent on continuing education must be considered an integral part of patient care and governments must recognize this fact.

There is need for a research model to investigate different methods of continuing education on the learner. Techniques of evaluation are very limited. Since these are being investigated by our medical colleagues it would seem expedient to pool resources of evaluation methods as well as educational approaches to continuing education. This move would best be started at the Canadian Dental Association level.

7. RECOMMENDATIONS

1. That the resources of the following should continue to be actively involved in continuing education:
 - (a) All Canadian dentists.
 - (b) Dental faculties and teaching hospitals.
 - (c) Canadian Dental Association and corporate bodies.
 - (d) Provincial licensing bodies, etc.
 - (e) Governments - both Federal and Provincial.
 - (f) Dental auxiliaries.
2. That the Canadian Dental Association appoint a full time co-ordinator of continuing education, initially for a period of 3 years, who, in conjunction with the corporate bodies and licensing authorities, would work with the universities and establish ideal ways of implementing continuing dental education for Canada. The Medical Research Council or National Health and Welfare should be approached for the funding.
3. That the Canadian Dental Association co-ordinator select 5 or 6 areas across the country to constitute a pilot project on continuing education delivery which will identify administrative problems and demonstrate possible solutions. Further, to provide information after three years as to the effectiveness of the different methods used. Experience gained should be of value to all concerned bodies associated with continuing education requirements.

It is envisaged that the co-ordinator would act in the provision of central resource material both in the shape of personnel and also teaching aids. The areas selected should be representative of various geographic locations in Canada. At each location a responsible person would be appointed to organize and develop courses of instruction according to need. Thus, for example, in North Bay there may be 20 dentists with 1 acting as co-ordinator. The latter would set up outlines of subjects to be covered for the year and make local arrangements. Material for courses, including personnel, would come through the central co-ordinator. Peer judgment and pressures would act as the stimulus to attend. Similar arrangements might be made in St. John, New Brunswick; Prince Albert, Saskatchewan; Trois Riviere, Quebec; Virden, Manitoba; Lethbridge, Alberta; Charlottetown, Prince Edward Island; or other towns such as those.

Auxiliary personnel would be cared for in the same manner.

It is evident from the "questionnaire" that this is required by the profession. At present, dental faculties provide some instruction. However, they cannot cope with the demand which will be placed on them if and when continuing education becomes mandatory across the whole country. The local co-ordinators would have to receive an honorarium and some organization expenses. This development of a continuing education resource centre would be additional to the present service given by the faculties of dentistry but, in all probability, some faculty personnel would be used in teaching. Choice of educational institutions and hospitals in the various locales for presentation of courses would be considered advisable because of the availability in these locations,

of lecture rooms and other necessary equipment. Various methods of delivery would be tried, e.g., study groups, attachment of dentists to specialist orthodontists, oral surgeons, periodontists, etc., on a half day to one day per week basis. Conjoint study sessions with medical and other health science professionals can also take place with this approach, to the advantage of all. Peer review would be used to evaluate change in an individual's approach to problem management. Use of various instructional media would be evaluated.

4. That the Canadian Dental Association publish lists of available resource personnel and materials for suitable courses through the co-ordinator.
5. That the Canadian Dental Association provide for self assessment examinations through the co-ordinator to increase awareness of need for continuing education.
6. That the accreditation system of undergraduate courses take into account the availability and awareness or need for continuing education in dentistry.
7. That governments be made aware of need to support continuing education in dentistry both in tangible and intangible forms. In the latter, tax relief for continuing education expenses is essential and such expenses should be considered a legitimate practice expense.
8. That selected credits, built up through continuing education courses, be considered satisfactory to provide an upward mobility for auxiliary personnel within the profession and that the Canadian Dental Association, through a national accreditation system, provide for this action.
9. That the Canadian Dental Association assist in the development of a uniform credit system in a national sense.

CANADIAN DENTAL ASSOCIATION APPENDIX A

SURVEY OF

NEED FOR CONTINUING EDUCATION IN CANADA

1. In which Province do you practice?
- | | | | | | |
|---------------|--------------------------|--------------|--------------------------|----------|--------------------------|
| Nova Scotia | ☐ | Quebec | ☐ | Alberta | ☐ |
| P.E. Island | ☐ | Ontario | ☐ | British | ☐ |
| New Brunswick | ☐ | Manitoba | ☐ | Columbia | ☐ |
| Newfoundland | ☐ | Saskatchewan | ☐ | | |
2. From which University did you obtain your degree?
3. How many years have you been in practice?
4. Are you - A general practitioner? Yes ☐ No ☐
- A specialist? Yes ☐ No ☐
- (if 'yes' name speciality)
- Other category - specify
5. Describe the type of practice you were engaged in during 1973
- Solo independent practice ☐
- Some form of group practice or association ☐
6. Do you consider continuing education is necessary to enable you to practise good dentistry?
- Yes ☐ No ☐
7. From the following list, in order of preference, mark the three methods (1 - 3) of continuing education which you have found most suitable to your needs.
- | | | | |
|------------------|--------------------------|--------------------------|--------------------------|
| Conventions | ☐ | University Short Courses | ☐ |
| Society Meetings | ☐ | Cassettes | ☐ |
| Study Clubs | ☐ | Professional Journals | ☐ |
- Others - specify
8. Do you prefer to have courses in your local area, or, travel to a larger centre?
- Local ☐ Travel ☐
9. Do you feel some formal continuing education should be made mandatory to maintain licence in the Province?
- Yes ☐ No ☐

1. In which Province do you practise?

APPENDIX B

		%			%	No Response
Nova Scotia	-	14	(2.5)	Manitoba	- 24 (4.2)	0
P.E. Island	-	3	(0.5)	Saskatchewan	- 13 (2.3)	
New Brunswick	-	12	(2.1)	Alberta	- 48 (8.4)	
Newfoundland	-	5	(0.9)	British Columbia	- 92 (16.2)	
Quebec	-	117	(20.6)	Northwest Territories	- 2 (0.3)	
Ontario	-	234	(41.1)	Other	- 5 (0.9)	

2. From which University did you obtain your degree?

		%			%	
Dalhousie	-	31	(5.4)	Saskatchewan	- 1 (0.2)	1
McGill	-	68	(11.9)	Alberta	- 66 (11.6)	
Montreal	-	89	(15.6)	British Columbia	- 6 (1.0)	
Toronto	-	225	(39.5)	U.S.A.	- 32 (5.6)	
Western Ontario	-	9	(1.6)	United Kingdom	- 13 (2.3)	
Manitoba	-	24	(4.2)	Other	- 5 (0.9)	

3. How many years in practice?

		%			%	
1 - 5 years	-	101	(22.5)	30 - 35 years	- 13 (2.9)	121
5 - 10 years	-	92	(20.5)	35 - 40 years	- 12 (2.7)	
10 - 15 years	-	58	(12.9)	40 - 45 years	- 7 (1.6)	
15 - 20 years	-	96	(21.4)	45 - 50 years	- 5 (1.1)	
20 - 25 years	-	35	(7.8)	50 - 55 years	- 1 (0.2)	
25 - 30 years	-	29	(6.4)			

4. Are you a General Practitioner?

		%	
Yes	-	511 (95.5)	35
No	-	24 (4.5)	

Are you a Specialist?

		%	
Yes	-	53 (40.8)	440
No	-	77 (59.2)	

10. From the following list, indicate, in order of priority, five areas (1 = 5) in which you would most wish further education.

- | | | | |
|---------------------------------|--------------------------|-------------------------|--------------------------|
| Handling psychological problems | ☐ | Practice administration | ☐ |
| Treatment planning | ☐ | Paedodontics | ☐ |
| Periodontics | ☐ | Crown & Bridge | ☐ |
| Full & Partial Dentures | ☐ | Oral Surgery | ☐ |
| Orthodontics | ☐ | Endodontics | ☐ |
| Oral Medicine | ☐ | Pharmacology | ☐ |
| Dental Materials Science | ☐ | Preventive Dentistry | ☐ |
| Anaesthesia & Sedation methods | ☐ | Other - specify | |

11. Indicate the best style of teaching for your needs.

- | | | | |
|---------------------|--------------------------|------------------------|--------------------------|
| Lectures | ☐ | Seminar/Discussion | ☐ |
| Demonstrations | ☐ | Clinical Participation | ☐ |
| Individual learning | ☐ | Other - specify | |

12. Indicate the style of short courses in continuing education which you like best - in order of preference (1 - 4).

- | | | | |
|----------------------------------|--------------------------|-----------------------|--------------------------|
| 1 day per week for several weeks | ☐ | 1 - 3 day full course | ☐ |
| 3 - 6 day full course | ☐ | 1 week or over | ☐ |

13. Past reasons for not attending courses.

- | | | | |
|----------|--------------------------|-----------------------|--------------------------|
| Distance | ☐ | Courses over-booked | ☐ |
| Time | ☐ | Other - specify | |
| Finance | ☐ | | |

14. Who should be the primary organizers of courses?

- | | | | |
|---------------------------|--------------------------|-----------------|--------------------------|
| Professional Associations | ☐ | Local Societies | ☐ |
| University Faculties | ☐ | Government | ☐ |
| Other - specify | | | |

15. Indicate months least suitable for courses.

- | | | | | | | | |
|----------|--------------------------|-------|--------------------------|-----------|--------------------------|----------|--------------------------|
| January | ☐ | April | ☐ | July | ☐ | October | ☐ |
| February | ☐ | May | ☐ | August | ☐ | November | ☐ |
| March | ☐ | June | ☐ | September | ☐ | December | ☐ |

4. <u>If Specialist - name Specialty</u>				No Resp
	<u>%</u>		<u>%</u>	
Dental Public Hlth. -	6 (10.0)	Orthodontics -	17 (28.3)	510
Endodontics -	5 (8.3)	Paedodontics -	9 (15.0)	
Oral Pathology -	1 (1.7)	Periodontics -	4 (6.7)	
Oral Radiology -	1 (1.6)	Prosthodontics -	6 (10.0)	
Oral Surgery -	11 (18.3)			
<u>Other Category</u>				
	<u>%</u>			
Graduate Student -	2 (66.7)			567
Practitioner limited to Paedodontics -	1 (33.3)			
5. <u>Type of Practice</u>				
	<u>%</u>		<u>%</u>	
Solo independent -	367 (64.9)	Armed Forces -	1 (0.2)	5
Group or association -	179 (31.7)	Teaching -	5 (0.9)	
Combined solo & association -	5 (0.9)	Salaried -	8 (1.4)	
6. <u>Continuing Education is necessary to practise good dentistry?</u>				
	<u>%</u>			
Yes -	560 (99.1)			5
No -	5 (0.9)			
7. <u>In order of preference 3 methods of continuing education</u>				
	<u>1st preference</u> <u>%</u>	<u>2nd preference</u> <u>%</u>	<u>3rd preference</u> <u>%</u>	
Conventions	67 (21.3)	126 (40.1)	121 (38.5)	255
Society Meetings	55 (20.2)	131 (48.2)	86 (31.6)	298
Clubs	76 (33.9)	114 (50.9)	34 (15.2)	346
Short Courses	220 (51.9)	160 (37.7)	44 (10.4)	146
Cassettes	14 (22.6)	24 (38.7)	24 (38.7)	508
Journals	32 (11.7)	114 (41.7)	127 (46.5)	297
Other	9 (45.0)	7 (35.0)	4 (20.0)	550
8. <u>Do you prefer to have courses in your local area or travel to larger center?</u>				
	<u>%</u>			
Local -	411 (75.3)			24
Travel -	113 (20.7)			

9. Some formal continuing education should be mandatory to maintain licence? No
Response

	<u>%</u>
Yes	- 382 (68.9)
No	- 172 (31.0)

10. In order of preference indicate 5 areas wishing further education

	1st choice <u>%</u>	2nd choice <u>%</u>	3rd choice <u>%</u>	4th choice <u>%</u>	5th choice <u>%</u>	
Handl. psych.prbl.	20 (23.0)	11 (12.6)	26 (30.0)	13 (14.9)	17 (19.5)	483
Treatment planning	29 (19.2)	25 (16.6)	49 (32.4)	24 (15.9)	24 (15.9)	419
Periodontics	46 (19.9)	53 (22.9)	50 (21.6)	48 (20.8)	34 (14.7)	339
Full & Part.dentures	17 (16.3)	23 (22.1)	25 (24.0)	26 (25.0)	13 (12.5)	466
Orthodontics	47 (29.4)	24 (15.0)	37 (23.1)	30 (18.7)	22 (13.7)	410
Oral Medicine	39 (18.0)	36 (16.6)	49 (22.6)	50 (23.0)	43 (19.8)	353
Dental Materials	11 (10.8)	18 (17.6)	29 (28.4)	20 (19.6)	24 (23.5)	468
Anaesthesia	18 (13.3)	27 (20.0)	45 (33.3)	28 (20.7)	17 (12.6)	435
Prac.Administration	33 (17.2)	32 (16.7)	40 (20.8)	31 (16.1)	56 (29.2)	378
Paedodontics	17 (14.9)	24 (21.0)	35 (30.7)	18 (15.8)	20 (17.5)	456
Crown & Bridge	51 (19.5)	62 (23.7)	69 (26.3)	39 (14.9)	41 (15.6)	308
Surgery	32 (19.5)	31 (18.9)	45 (27.4)	23 (14.0)	33 (20.1)	406
Endodontics	31 (14.3)	46 (21.2)	67 (30.9)	44 (20.3)	29 (13.4)	353
Pharmacology	12 (9.7)	16 (12.9)	35 (28.2)	32 (25.8)	29 (23.4)	446
Preventive Dent.	80 (28.7)	54 (19.3)	54 (19.3)	42 (15.0)	49 (17.6)	292
Other	16 (50.0)	2 (6.2)	5 (15.6)	3 (9.4)	6 (18.7)	538

11. Indicate the best style of teaching for your needs

	<u>%</u>	
Lectures	- 173 (30.3)	397
Demonstrations	- 201 (35.3)	369
Individual learning	- 44 (7.7)	526
Seminar discussion	- 164 (28.8)	406
Clinical participation	- 254 (44.6)	315
Other	- 11 (1.9)	558

12. Style of short courses in continuing education like best

	1st choice <u>%</u>	2nd choice <u>%</u>	3rd choice <u>%</u>	4th choice <u>%</u>	
1 day/week for several weeks	96 (32.1)	57 (19.1)	51 (17.0)	95 (31.8)	271
3 - 6 day full course	74 (24.1)	136 (44.3)	93 (30.3)	4 (1.3)	263
1 - 3 day full course	356 (79.3)	61 (13.6)	24 (5.3)	8 (1.8)	121
week or over	22 (8.7)	11 (4.3)	85 (33.6)	135 (53.3)	317

13. Past reasons for not attending coursesNo
Responses

		<u>%</u>	
Distance	-	172 (30.2)	398
Time	-	254 (44.6)	316
Finance	-	136 (23.8)	434
Courses over booked	-	56 (9.8)	514
Other	-	111 (19.5)	459

14. Who should be the primary organizer of courses

		<u>%</u>	
Professional assoc.	-	272 (47.7)	298
University faculties	-	338 (59.3)	232
Local societies	-	164 (28.8)	406
Government	-	16 (2.8)	554
Others	-	22 (3.8)	548

15. Indicate months least suitable for courses

		<u>%</u>	
January	-	129 (22.6)	441
February	-	92 (16.1)	478
March	-	62 (10.9)	508
April	-	84 (14.7)	486
May	-	136 (23.8)	434
June	-	291 (51.0)	279
July	-	418 (73.3)	152
August	-	415 (72.8)	155
September	-	171 (30.0)	399
October	-	74 (13.0)	496
November	-	66 (11.6)	504
December	-	257 (45.1)	313

CDA CONFERENCE ON CONTINUING DENTAL EDUCATION
SEPTEMBER 25 - 27, 1972 - TORONTO, ONTARIO

APPENDIX C

LIST OF PARTICIPANTS

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Dr. Gerard Lussier	College of Dental Surgeons of the Province of Quebec
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Association of Canadian Faculties of
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Miss Jeanne Kentish	Assistant to the Executive Secretary/ Councils, Canadian Dental Association
Miss Kay Kirker	Executive Secretary/Councils, Canadian Dental Association

ORGANIZATIONAL CHART

COUNCIL ON EDUCATION 1974-75

MEMBERS: W.G. Feasby (Chairman), London 1975(1); E.R. Ambrose, Montreal 1975(1); G.E. Decker, Edmonton 1976(2); R. Coulombe, Lachine 1976(1); F.B. Lavoie, Sudbury 1977(1); L.G. Mandin, St. Paul 1976(2); G.A. Freeze, N. Vancouver 1977; J.D. McLean, Halifax 1976(1); A.G. Hannam, Vancouver 1976(1).

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G.W. Thompson 1977(1)
E.R. Ambrose 1976(1)
V.R. D'Oyley 1977(1)

J. Graham (Consultant)

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I. Hrabowsky 1977(1)
R.A. Gray 1976(1)
T. Shapero - Consultant

AD HOC COMMITTEES

Teaching Conference

1975 Dr. K. Pownall
1976

Biennial Research and Education Conference Organizing Committee

1976 Dr. A.G. Hannam

Ad Hoc Committee on Continuing Education

Dr. G.E. Decker (Chmn)
Dr. E.R. Ambrose
Dr. F.B. Lavoie

SUB-COMMITTEE

Canadian Dental Students' Conference

Mr. Wm. Larder 1975

COUNCIL REPRESENTATIVES TO:

Natl. Cancer Institute

D.L. Anderson 1977

ACFD

A.G. Hannam 1976

NDEB

E.R. Ambrose 1976
W.G. Feasby 1976

ACMC

K.C. Bentley 1976

NON-VOTING REPRESENTATIVES TO COUNCIL:

NDEB G.A. Freeze

ACFD

K.C. Bentley

RCD(C)

G.S. Beagrie

CDHA

Mrs. J. Voris

CDNAA

Elizabeth Purchase

Dental Student

J. David Kenney

ENDODONTIC S

EXECUTIVE: P.R. Dow, President, Vancouver, B.C.
B. Sedlezky, Secretary, Westmount, P.Q.

R E P O R T

1974 ANNUAL MEETING

1. The academy had the most successful and well attended meeting of its history in Toronto in October of 1974. We had a large attendance of American dentists from the border states.

1975 ENDODONTIC TEACHERS WORKSHOP

2. The idea of holding a Canadian Endodontic faculty workshop has been a long time dream of the C.A.E. We have been concerned for some time about the quantity and quality of endodontic education at the undergraduate level.
3. The response from all the universities has been excellent and a good start towards evaluation of educational levels will be achieved I'm sure.
4. The plans are to have this workshop as an annual event prior to the annual academy meeting.
5. The meeting this year will be in Montreal on October 17, 18 and 19.

This report is informative.

ETHICS

MEMBERS: J.P. Beattie, Chairman, Winnipeg; R.A. Epstein, Halifax;
M.B. Archambault, Montreal; G.H. Peacock, Saskatoon;
R.J. Warshawski, Vancouver

R E P O R T

ACTIVITIES

1. Activities of this Council have been limited to conducting mail opinion polls of Council members regarding the following questions presented to it by the Executive Director:
 - (a) From the University of Guelph regarding the ethics of using candy and similar food stuffs as reinforcers in research with children, a practice which may lead the child to perceive these as "good" or "valued" food.
 - (b) From the Board of Governors to give consideration to the question of the ethics of dentists charging a fee for the completion of the necessary claim forms to facilitate payment by third parties.
 - (c) The contravention of the Code of Ethics through the improper use of military or other decorations on professional stationery and the question of appeal procedures regarding the C.D.A. Code.
2. The nature of these questions necessitated rather lengthy replies as follows:
 - (a)(i) Given: that food habits and attitudes learned during the childhood influence food behavior throughout life,
that occurrence of dental caries is positively related to consumption of candy and sweets.
Any practice which may lead children to perceive foods of essentially high sugar content to be rewards or to be "good and valued foods" is undesirable and should not be advocated.
 - (ii) Where the utilization of such foods is deemed necessary in order to produce valuable research or in order to modify children's behavior then the parent and the child if possible, must be advised of the potential harm and only with their full awareness and acceptance should the procedures be instituted. If there is unnecessary and continued use of such foods and if sufficient warning has not been given then such procedures must be considered as not being in the best interests of the patient's dental health and the patient's welfare. This is contrary to the C.D.A. Code of Ethics. Knowing participation in such procedures by a dentist could be deemed as improper conduct in a professional respect.
 - (b)(i) I have not been able to obtain a definite opinion on this question from members of the Council, mainly I believe because of the variety of extrinsic complications which can and have been attached to this relatively simple question.
 - (ii) It seems however that it is quite ethical to make a specific charge for a specific service, in this case completion of necessary forms, provided that the particular provincial fee guide or schedule recognizes the service.

ETHICS

(iii) Any form of cover-up of the specific charge would be contrary to Section 25, Paragraphs 2 and 3 of the C.D.A. Code of Ethics.

(iv) However, as with any other fee for service in these third party contracts, specific prior agreement must have been reached or there is no obligation on the patient or third party to pay the fee though it is ethical.

(v) This would be the simple answer to an uncomplicated question but if the extrinsic complications are to be considered then no simple answer is possible until all third parties and all provincial authorities have negotiated and agreed on specifics.

(c)(i) The C.D.A. Code of Ethics has no legislative sanction over provincial members other than that of moral suasion. If the provincial authority chooses to use this Code as it's own then they have the right and the responsibility to interpret and to enforce the prescribed regulations. In this particular case there is clearly a contravention of Section 16, Sub-section 2, and also a possible contravention of Section 14.

(ii) An appeal regarding a specific section should probably be made concurrently to the involved provincial authority and to the C.D.A. The province has the right to negate or change it's own regulations as related to the C.D.A. Code. The C.D.A. in turn should be open to consider possible changes provided that such changes are in the best interests of all Canadian dentistry.

LIMITATION OF ACTIVITIES

3. Because of existing circumstances, financial and other, the Council on Ethics has not held a meeting for several years. It is impossible to discuss and evaluate any broad questions or principles of ethical standards through correspondence and as a result the Council has been limited to a rather narrow range of activities. During this same period of time changes have taken place in provincial Dental Acts, the training and utilization of auxiliaries has increased tremendously, the trend to various forms of group practice is ever growing, and the problems of third party payment of fees have become an integral part of dental practice. These, along with other major and minor changes in the traditional practice of dentists, have produced reactions in professional attitudes and conduct that should be evaluated from an ethics viewpoint.
4. The Task Force survey showed clearly that Canadian dentists want the C.D.A. to exercise a leadership role. The C.D.A. Code of Ethics should help provide this leadership by working in two ways - "it's regular review encourages the highest possible standards of dental practice to protect the public and it serves as a guide to the provincial organizations encouraging uniformity of practice ethics across Canada". The Council's terms of reference spell out clearly what it's duties are to achieve this objective.
5. It would seem that in the comprehensive content of Canadian dentistry the Council on Ethics is not at present completely fulfilling these duties.

ETHICS

RESOLVED

6. That the C.D.A. Board give consideration in it's order of priority to authorizing the Council on Ethics -
- (a) To survey the provincial authorities with particular reference to areas of agreement and disagreement between the provincial Dental Acts and the C.D.A. Code of Ethics.
 - (b) To hold a meeting of Council members to discuss the results of this survey and to review the present Code with the objective of determining what changes are necessary or desirable.

The Board moves that this resolution be rejected and the following substitute resolution be adopted.

RESOLVED

That the C.D.A. Board give consideration in it's order of priority to authorizing the Council on Ethics:

- (a) To survey the provincial organizations with particular reference to areas of agreement and disagreement between the provincial Dental Acts and the C.D.A. Code of Ethics.*
- (b) To hold a meeting of Council members to discuss the results of this survey and to review the present Code with the objective of determining what changes are necessary or desirable.*

Adopted

BUDGET

7. Contingent on the Board's decision regarding the above recommendations:
- (a) For the survey the costs could be approximately one hundred dollars. (\$100.00)
 - (b) For the survey and a meeting of all Council members the cost could be approximately fourteen hundred dollars. (\$1400.00)

CODES OF ETHICS FOR AUXILIARY GROUPS

Whereas it is recognized that dental auxiliaries and peripheral dental groups are rapidly expanding

Be it RESOLVED

That the Canadian Dental Association encourage dental auxiliary organizations to model their activities on the C.D.A. Code of Ethics.

Adopted

EXECUTIVE

MEMBERS: J.F. Reid, Chairman, North Vancouver; J.E. Abra, Winnipeg; S. Silver, Montreal; M.J. Crompton, Moncton; H.L. Mussells, Westmount; D.C. Clee, Toronto; D.L. Rife, Toronto

R E P O R T

1. Council has met five times since the 1974 Board meeting, October and December 1974, March, April and June 1975.

APPOINTMENT OF COUNCIL CHAIRMEN

2. Council chairmen re-appointed for another year:

Dr. H.R. MacLean	-	Constitution and By-laws
Dr. R. Dickson	-	Health Care
Dr. K.C. Bentley	-	Hospital Services
Dr. R.A. Hugill	-	Insurance and Investment
Dr. H.C. Bugden	-	Legislation
Dr. N. Thomas	-	Research

3. New appointments included:

Dr. W.H. Feasby	-	Education
Dr. P. Beattie	-	Ethics
Dr. W.B. Chapple	-	Information Services

HONORARY MEMBERSHIP AND AWARDS - DON W. GULLETT MEMORIAL (1974T44)

4. Council's Honorary Membership and Awards Ad Hoc Committee (F. Reid, L. Mussells, F. Wihak) was asked to include the D.W. Gullett Memorial (1974T30) in its deliberations.
5. The ad hoc committee's report and recommendations are included in appendix 1.

6. RESOLVED

That the Board of Governors approve the guidelines for honorary membership as shown in appendix 1, for implementation in 1976.

The Board of Governors does not agree with the above resolution and recommends the following substitute resolution:

RESOLVED

That the Board of Governors approve the following guidelines for honorary memberships:

HONORARY MEMBERSHIPS

This shall be the Association's highest award. It may be conferred on persons deemed to have rendered exceptional constructive services, nationally and/or internationally in any field of dentistry.

EXECUTIVE

Honorary members shall be elected by the Executive Council from candidates proposed to the Council by an awards committee comprising the immediate past-president as chairman and the two most recent available preceding past-presidents.

The chairman of the awards committee will report to the Spring meeting of the Executive Council, supplying, in writing, complete documentary evidence in support of the committee's recommendations for honorary members.

The award shall consist of an honorary membership scroll conferred by the President of the Association or his designate at the next annual meeting of the Association or otherwise as directed by Council.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. An award each year shall not be considered a requirement.

Adopted

7. Council further recommends the establishment of 2 additional Association awards.

RESOLVED

That the Board of Governors approve the establishment of the "Distinguished Service Award" and the "Certificate of Merit" including the respective guidelines for each as outlined in appendix 1.

The Board of Governors does not agree with the above resolution and recommends the following substitute resolution:

RESOLVED

That the Board of Governors approve the establishment of the "Distinguished Service Award" and the "Certificate of Merit" including the following respective guidelines for each:

DISTINGUISHED SERVICE AWARD

The Association's "Distinguished Service Award" shall be conferred on those who have rendered outstanding service to the Association.

Recipients of the "Distinguished Service Award" shall be elected by the Executive Council from candidates proposed to Council by the awards committee referred to under "Honorary Memberships".

EXECUTIVE

The chairman of the awards committee will report to the Spring meeting of the Executive Council, supplying in writing, complete documentary evidence in support of those recommended for the "Distinguished Service Award".

The award shall consist of a wall plaque, suitably inscribed, presented to the recipient by the President of the Association or his designate at the next annual meeting of the Association or otherwise as directed by Council.

No more than two "Distinguished Service Awards" shall be presented in any one year.

CERTIFICATE OF MERIT

A "Certificate of Merit" shall be given to all members of the Association who have served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the "Certificate of Merit" shall be proposed by the chairman of the nominations committee (President-elect) for approval by the Executive Council at the first meeting of Council following an annual meeting and convention.

The award shall consist of a suitably inscribed certificate, which identifies the appropriate area of service. The certificates shall be mailed to the recipients as soon as possible, following the completion of their terms of office.

Adopted

8. Dr. Don W. Gullett Memorial:

RESOLVED

That the Don W. Gullett Memorial be distinctive and in keeping with his unique contributions to the dental profession, and

That the final choice of memorial be delayed until the new Ottawa headquarters building is more complete at which time the following possibilities be considered:

- (a) a bronze relief facial plaque for the reception area*
- (b) a door plaque identifying a "Don W. Gullett Room"*
- (c) a Don W. Gullett memorial garden*
- (d) a Don W. Gullett memorial lecture.*

Adopted

EXECUTIVE

9. Because of the proposed revision in procedure for selecting honorary members and the possibility of the establishment of additional Association awards, Council decided that no honorary memberships should be conferred at the 1975 Annual Meeting.

The Board agrees with paragraph 9.

FUNDING OF ACCREDITATION PROGRAM

10. The Board's directive of an annual service fee of \$2.00 per licensed dentist to assist in defraying the costs of the accreditation program was conveyed to the corporate members by the President. (1974T45)
11. At the time of writing this report all corporate members with the exception of Quebec and Prince Edward Island had either paid their share for 1975 or had indicated they would before the year ends.

COMMITTEE ON DENTAL THERAPEUTICS

12. The Council on Research was instructed by the Board to establish within its structure, a Committee on Dental Therapeutics. (1974T289)
13. The Executive Council, anticipating an additional funding requirement for a new formal committee structure, asked the Council on Research to defer setting up the Committee, if special funds are required, until the Association's 1975 and 1976 budgets have been clarified.

CURTAILMENT OF COUNCIL ACTIVITIES

14. The introduction of voluntary memberships in Ontario and Quebec in 1975 made early estimates of anticipated revenue extremely difficult.
15. Council therefore directed the President to communicate with each council/committee chairman, requesting that for this year all but the highest Council priority items be curtailed.
16. All chairmen were most cooperative. Several did not hold council meetings, using instead the mails and telephone to conduct their council's business.

CDA CONVENTION 1975

17. Dr. M. Cornish, Convention Committee Chairman, on behalf of his Committee (M. Kamienski and W.J. Spence) and the 1975 Local Arrangements Committee, under the direction of Dr. G. Anthony, has kept Council in close touch with developments for the 1975 Convention in St. John's.
18. Council authorized the Convention Committee to engage a ship to transport Association members and their guests from Montreal to St. John's and return. The ship, "Discoverer" will provide housing accommodation during the Convention.
19. As full details of the Convention have been distributed to all dentists in Canada via the Convention News Letters and Board members have been supplied with additional information through Executive Council minutes, these details will not be repeated here.

EXECUTIVE

Registration Policy:

20. CDA members' registration fee for the 1975 Convention has been established at \$75.00. A \$25.00 premium will be asked of Canadian dentists who are not CDA members.

The Board agrees with paragraph 20.

Registration Policy for Retired Dentists:

21. Council established the following policy with regard to retired non-licensed dentists. They may register without a registration fee provided they are Associate Members of the Association.

The Board agrees with paragraph 21.

Official Guests:

22. Distinguished guests who will attend the Convention as representatives of their respective associations are:

Dr. & Mrs. Harold Hillenbrand	- Federation Dentaire Internationale
Dr. & Mrs. C.D. Krouse	- American Dental Association
Mr. & Mrs. L. Balding	- British Dental Association
Dr. & Mrs. F. Duff	- Canadian Medical Association

Simultaneous Translation - 1975 Annual Meeting:

23. Due to the relatively high cost of providing simultaneous translation for the Annual Meeting in St. John's, Council after conferring with the Quebec corporate member, decided to forego this desirable facility for the 1975 meeting.

The Board re-affirms the established policy of simultaneous translation of the proceedings of the Board of Governors.

FUTURE CDA ANNUAL MEETINGS AND CONVENTIONS

1976:

24. Council is interested in finding the most acceptable format for the Association's annual meetings and conventions. It therefore decided to try formats in 1976 and 1977 different from each other and from the format used for the last number of years.
25. In 1976 the Annual Meeting and the Convention will run concurrently. The dates are Sunday through Wednesday, September 12 to 15. The place will be Edmonton, Alberta. The local arrangements chairman will be Dr. Lindskoog.

1977:

26. Dr. Cornish, Convention Chairman and Chairman of the Organizing Committee for the 1977 World Dental Congress, reports good progress in the preliminary planning of the Congress to be held in Toronto, October 16-28, 1977. On this occasion the CDA Convention becomes an integral part of the World Congress.

EXECUTIVE

27. Because of the large number of meetings associated with the FDI General Assembly, its commissions and committees, it will be difficult to integrate within the October 16-28 dates, the CDA Board of Governors' activities without considerable difficulty.
28. Council considered this a good opportunity to experiment with holding the annual board meetings at a time and place separated from the national convention. It therefore has selected Ottawa, Ontario as the location for the 1977 Board Meeting. The dates are September 28-30.
29. To avoid any possible confusion over the timing of the change of CDA officers in 1977, Council seeks Board approval of the following resolution, which conforms with Article X, Section 7 of the By-laws.

RESOLVED

That the officers, members of the Executive Council and other Councils elected at the 1977 Board Meeting take office immediately following the conclusion of the 1977 World Dental Congress.

Adopted

VOLUNTARY MEMBERSHIP - ONTARIO AND QUEBEC

30. CDA membership for dentists in Ontario became strictly voluntary January, 1975 and for those in Quebec a similar change occurred in June.
31. The Council on Information Services and the Bureau of Public Information developed a promotional pamphlet entitled "Canadian Dental Association: Its Meaning - Its Benefits to You". It was produced in both English and French.
32. The Council on Information Services, acting as the Association's membership committee co-operated with the membership committee of the Ontario Dental Association in developing a membership folder which was stuffed with assorted membership materials, including the pamphlet noted in paragraph 31. The folder and its enclosures solicited voluntary membership in CDA, in ODA and in a conjoint CDA/ODA student membership for dental students in Ontario. It was mailed to all dentists and dental students in Ontario.

Whereas membership in the Canadian Dental Association is of paramount significance both from the point of view of maintaining present members and obtaining new members

Therefore be it RESOLVED

That the Executive Council be instructed to establish an appropriately constituted Membership Committee.

Adopted

EXECUTIVE

33. A similar but appropriately modified folder in either English or French was mailed to all dentists in Quebec. Dr. H.L. Mussells and Dr. S. Silver served as an ad hoc liaison membership committee with the Quebec Order of Dentists.
34. At the time of preparing this report, no results were available from Quebec but approximately 2,500 dentists in Ontario had become CDA members and 99% (208) of dental students at the University of Western Ontario and 87.4% (430) of dental students at the University of Toronto had become student members of both CDA and ODA.

Whereas the corporate member from the Province of Ontario was extended the privilege of maintaining its representation on the Board of Governors during the year 1975 due to the extenuating circumstances relating to voluntary membership in Ontario, and

Whereas a similar set of circumstances is now applicable in the Province of Quebec, be it

RESOLVED

That the present Quebec representation on the Board of Governors be maintained through 1976 and that if similar circumstances arise in other provinces in the future, the same privilege be granted.

Adopted

The Quebec delegates abstained.

On motion from the floor:

RESOLVED

That the motion concerning representation on the Board of Governors during a transitional voluntary period for any corporate member be referred to the Council on Constitution and By-Laws for possible inclusion of the principle in the By-Laws.

Adopted

35. Council agreed with a recommendation of the ODA that CDA/ODA student members who had been student members throughout their undergraduate years be given complimentary CDA and ODA membership for the remainder of their graduation year. Students who had not been student members throughout their undergraduate years will be asked to pay a reduced fee (\$50.00) for membership privileges in CDA and ODA for the remainder of their graduation year.

EXECUTIVE

Voluntary Membership - Re Provincial Life and Honorary Members:

36. It became necessary to establish a policy with regard to those dentists who are life or honorary members in Ontario and Quebec.
37. Council took the stand that if the dentist is still licensed and practising he or she is eligible for individual membership in CDA on payment of the regular annual dues to CDA. If the dentist is no longer in practice, he or she is eligible for associate membership in CDA on payment of the regular annual dues for associate membership.

CDA/ADA JOINT MEETING

38. It was reported to the Board a year ago that an invitation had been received from the American Dental Association to hold the next triennial meeting between the ADA Trustees and the CDA Executive Council in Chicago in 1975 (1974T48).
39. Subsequently, a letter was received from ADA suggesting a postponement of the meeting to 1976 due to the time consuming preparations required for the World Dental Congress in Ghicago in 1975.

FDI SUPPORTING MEMBERSHIPS

40. It is a regulation of FDI that practising dentists must be members of their own national association to be eligible for supporting membership in FDI.
41. At the World Dental Congress in London, 1974 the FDI General Assembly agreed that academics including teachers and researchers who do not practise, may apply directly to the FDI Executive Director for supporting membership. Before that membership is granted, however, it must be approved by the individual's own national association.
42. Council considered the matter, concluding that there should be no differences in eligibility for practising dentists and academics. It therefore seeks Board approval of:

RESOLVED

That Canadian supporting members of FDI
must be members or associate members of CDA.

Adopted

BUREAU OF STATISTICS

43. As preliminary steps in revitalizing the Bureau of Statistics, Dr. Grainger's time as Director has been increased to the equivalent of three days per week. He now has the full time services of a technical assistant and a computer facility on a rental basis.
44. Steps have been introduced to improve the collection and tabulation of dental manpower data. The Bureau is also co-operating with Statistics Canada, an arrangement which hopefully will be mutually advantageous to Statistics Canada and to CDA and its corporate members.

EXECUTIVE

CDA'S 75th ANNIVERSARY

45. Queries were directed to Council regarding what celebrations, if any, should be planned for the Association's 75th anniversary year which is 1977. (1974T49)
46. Council's considered opinion is that promotional literature, hand-out items, etc., in connection with the 1977 World Dental Congress, to be sponsored by CDA, should, where opportune, identify the anniversary but otherwise no elaborate celebrations should be undertaken.

The Board agrees with the comments in paragraphs 45 and 46, however, would favourably entertain any offer of participation in promoting the 75th Anniversary.

PERIODICAL SUBSCRIPTIONS FOR BOARD MEMBERS AND COUNCIL CHAIRMEN 1973T57

47. After providing Board members and Council chairmen with an assortment of dental periodicals for approximately a year, there seemed to be little enthusiasm to have the service continued. Council therefore directed that as a means of reducing expenditures, the Association cease to be responsible for supplying the periodicals.

AUDITORS

48. Council approved the reappointment of Thorne, Riddell & Co., as the Association's auditors and recommends their appointment to the meeting of corporate (voting) members.

INTERNATIONAL CONFERENCE ON HEALTH EDUCATION OF THE PUBLIC

49. The Association received notice of, and an invitation to be a co-host to, the IXth International Conference on Health Education of the Public, to be held in Ottawa, August 29 to September 3, 1976.
50. Pertinent paragraphs of the letter of invitation from Dr. Helen Mussallem, Chairman, Committee on Liaison with Professional Associations, are contained in appendix 2.
51. Council agreed to participate in the International Conference as a co-host and named Dr. B. Chapple, Chairman, Council on Information Services, as the Association's representative.

FLUORIDATION BRIEF TO QUEBEC PARLIAMENTARY COMMISSION ON SOCIAL AFFAIRS

52. At the request of the Order of Dentists of Quebec, the Association prepared a brief on fluoridation for presentation to the Quebec Parliamentary Commission on Social Affairs.
53. Dr. S. Silver presented the brief to the Commission. Dr. Ralph Burgess accompanied Dr. Silver as an expert witness.

The Board wishes to record that legislation has been passed to require implementation of fluoridation in all appropriate water supplies in the Province of Quebec.

EXECUTIVE

ADMINISTRATION

54. Since 1967, Mr. M. McDonald has served the Association as Comptroller on a part time basis - his other and major assignment being Executive Director of the Fund for Dental Education. Both assignments have increased in responsibility requiring more than part time effort.
55. It was therefore decided with Mr. McDonald's concurrence, to discontinue the position of Comptroller and to engage a full time Director of Administration, who would assume among his duties those formerly provided by the Comptroller.
56. Mr. Lloyd Stevenson is the new Director of Administration. The change-over took place in June, 1975.

CONFLICT OF INTEREST

57. Council considered it desirable to introduce into the By-laws of the Association, certain clauses covering conflict of interest.
58. Council's suggestions were forwarded to the Council on Constitution and By-laws for comment and drafting. See 1975 Report of Constitution and By-laws Council, paragraph 6.

SECTION MEMBERSHIP

59. Several sections have questioned the recommendation that CDA membership be an eligibility requirement for active membership in a CDA Section. (1974T9)
60. Council reconsidered and held to the Board's original position on the subject. It therefore seeks approval of the following resolution:

RESOLVED

That as a continuing policy, all active members of CDA Sections be members of CDA.

Adopted

OTTAWA HEADQUARTERS BUILDING

61. On the basis of the 1974 Board directive that Council proceed with the building in Ottawa subject to adequate financial arrangements (1974T40), Council directed the architect to secure seven tenders for the proposed building at what was considered to be the most propitious time.
62. M. Sullivan and Sons Ltd. of Arnprior, Ontario was awarded the building contract in April, 1975 at a price of \$1,173,333., which was the lowest of the seven tenders that ranged up to \$1,270,000. The contractor was directed to proceed at once.

EXECUTIVE

63. A professional money manager from Thorne, Riddell & Co. was engaged to assist Council in arranging the required interim and long term financing for the building. Appendix 3 illustrates the overall financing plans as envisaged at the time this report was written. No firm commitments had however been made at that time as they were still being negotiated. The final arrangements may therefore vary considerably from this outline.
64. After obtaining an updated real estate appraisal of 234 St. George Street, Toronto, Council let it be known that the present headquarters was for sale. The Ontario Dental Association took up its option to purchase. The Association accepted the ODA offer for \$342,000. which sum, minus a deposit is to be paid on occupancy, estimated for June 1976.
65. For the day to day negotiations and decisions, Council established an Ottawa Building Committee comprising, Dr. Mussells, Chairman, Dr. Reid, Dr. Rife and the Executive Director.
66. Rental details for surplus space in the new headquarters are being developed and will be announced to potential tenants as early as possible.

NATIONAL DENTAL MANPOWER

67. Council was instructed to institute a study in co-operation with the corporate members on dental manpower needs. (1974T30)
68. Three specific actions have resulted. I wrote to the presidents of corporate members for statistics on the number of dentists and auxiliaries in their respective provinces. Dr. W. Shortill and Dr. R. Grainger have been participating in meetings of the National Dental Manpower Committee. And Dr. Grainger has also been working with the corporate members in an effort to update the Association's information on the dentists in Canada and to establish a practical system of maintaining accurate records of practice variables.
69. Results on which a new national dental manpower policy can be based are still not available.
70. Drs. Shortill and Grainger have been asked to prepare a detailed report on the activities of the National Dental Manpower Committee for Council's next meeting.

PROSTHODONTICS - DEFINITION

71. According to the Constitution and By-laws Council, the 1973 definition of prosthodontics (1973T26), does create a specialty area of "restorative" dentistry (fixed prosthodontics and operative dentistry). See 1975 report Council on Constitution and By-laws, paragraphs 7 and 8.
72. Council, after being so advised, asked your President to request the Royal College of Dentists of Canada to reconsider its decision regarding the appointment of a representative number of charter fellows in the specialty of restorative dentistry. (See 1974T298)

EXECUTIVE

Whereas the CDA Board of Governors has directed the Council on Constitution and By-Laws to interpret the 1973 definition of prosthodontics (T73-2630), and

Whereas the Council on Constitution and By-Laws has agreed that this definition has indeed created a new specialty area of restorative dentistry and that this specialty area has been recognized by the CDA, and

Whereas the Executive Council of the CDA, after being so advised, requested the RCD(C) to reconsider its decision not to appoint a representative number of Charter Fellows in the specialty area of restorative dentistry, and

Whereas the RCD(C) Council at its June 1975 meeting changed the guidelines and by-laws regarding the requirements for Charter Fellowship and eligibility for Special Interim Examinations, and

Whereas previous deliberations between the RCD(C), the CDA and the CARD were based on guidelines that were in effect prior to the June 1975 RCD(C) Council meeting; be it

RESOLVED

That the Board of Governors of the CDA request the RCD(C) to utilize the previous guidelines and by-laws with respect to recognition of a representative number of Charter Fellows and with respect to the conduct of Special Interim Examinations in the specialty area of restorative dentistry, and

That the RCD(C) be requested to advise the CDA Executive Council as to progress in this matter.

Adopted

TAX DEDUCTIBILITY FOR CONTINUING EDUCATION EXPENSES

73. As a follow up to previous unsuccessful efforts in this area, Council directed the Executive Director to establish liaison with as many professional associations as possible to identify areas of concern regarding all phases of taxation of professionals with a view to future concerted representations to government.
74. Replies indicating a possible interest have been received from the Canadian Medical Association, Canadian Optometric Association, Canadian Pharmaceutical Association and the Canadian Bar Association.
75. The replies have been turned over to the Taxation Committee with the request that continued liaison be maintained in this important area.

EXECUTIVE

DA'S SYDNEY WOOD BRADLEY MEMORIAL LIBRARY

76. A report of the Library Trustees is attached as appendix 4.
77. Council agreed with the recommendations of the Trustees and directed that the necessary steps to re-house the archives, periodicals and texts be instituted.

The Board agrees with paragraph 77.

NATIONAL/PROVINCIAL INSURANCE AND INVESTMENT PROGRAMS

78. After considering presentations from Dr. R. Hugill, Chairman of the Association's Insurance and Investment Council and Dr. R. Moran, Secretary-Treasurer of the Canadian Dental Services Plans Incorporated, Council took the following actions:
 - (1) authorized the Council to negotiate an improved undergraduate insurance package for marketing in the fall of 1975.
 - (2) authorized a 5% premium reduction to participants paying their premiums on an annual basis. Those paying on a quarterly basis would not be eligible for this reduction.
 - (3) authorized Council to provide a 10% increase in life coverage to each participant without evidence of health, or additional premium cost until the next renewal date, at which time option of paying for the additional coverage for the ensuing years would be available.
 - (4) authorized Council to negotiate an agreement with the underwriters of insurance plans to establish a special "Administration - Promotion Account", the funds to be utilized to pay for CDSPI services and plan promotion.
 - (5) agreed to participate in an ad hoc committee, comprising, Dr. Mussells, Dr. Crompton and an appointee of the Insurance and Investment Council and three directors of CDSPI, to study and report on the management and overlapping roles of the Council and CDSPI.
 - (6) deferred positive action on other matters raised by Dr. Hugill including the Trust Agreement, trustees, an administrative consultant, services to be provided by CDSPI, CDSPI surpluses and Council representation on CDSPI until they had been considered by the ad hoc committee.

SPECIAL SESSION BOARD OF GOVERNORS - MARCH 3-4, 1975 (1974T42)

79. Appendix 5 contains the motions approved by the Board at its Special Session.
80. Actions resulting from the Board's decisions are :

EXECUTIVE

Professional Council:

81. Council appointed a committee chaired by Dr. S. Silver to work in concert with the Order of Dentists of Quebec to draft a proposal for the Professional Council - see appendix 6.

RESOLVED

That the Board of Governors instruct the President to appoint an ad hoc committee to study the report on the Professional Council and that all interested parties, including ACFD, NDEB, RCD(C), the provincial licensing bodies, the Council on Education and the Council on Hospital Services be contacted for their comments and report back to the Executive Council.

The Board does not agree with the above resolution and recommends the following substitute resolution:

RESOLVED

That the Board of Governors instruct the Executive Council to appoint an ad hoc committee to study the report of the Professional Council and that interested parties, including ACFD, NDEB, RCD(C), the provincial licensing bodies, the Council on Education and the Council on Hospital Services be contacted for their comments and report back to the Executive Council in sufficient time for the Executive Council to submit a report for consideration and action at the next Board of Governors meeting.

Adopted

By-laws:

82. Dr. Rife, a committee of one, was asked to elucidate and if necessary clarify motions, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 16 and 19. The details were received by Council and forwarded to the Council on Constitution and By-laws for comment and/or drafting of appropriate new By-laws.

Financial resources - Motion 13:

83. This item re the establishment of an appropriate yearly dues structure is dealt with in the Treasurer's Report and has Council's approval.

Control of Association's funds and resources - Motion 14:

84. A copy of this motion was sent to the chairmen of all councils, committees and bureaux. They were invited to inform the President of difficulties they will encounter from application of this motion. A subsequent communication from the President to the chairmen is recorded in paragraphs 14 to 16, of this report.

EXECUTIVE

Finance Committee - Motion 20:

85. Reference was made to a finance committee but no official action was taken to establish same. The following resolution is therefore proposed:

RESOLVED

That the office of Treasurer be terminated at the conclusion of the 1975 Board meeting and the duties of the office be assumed by a Finance Committee comprising the President-elect as Chairman, the President and Immediate Past President as members.

Adopted

Stipend to President and members of Finance Committee - Motion 20

86. A recommendation in this regard is included in the Treasurer's Report.

CANADIAN DENTAL RESEARCH FOUNDATION AWARD

87. Because the Council on Research did not hold a meeting this year, it is Council's pleasure to report the winner of the 1975 award. Dr. William N. Chalk now of Edmonton won the award for his thesis "Effect of Nasal Blockage on the Craniofacial Growth of the Rat". The research was conducted in the Department of Preventive Dental Science, Faculty of Dentistry, University of Manitoba, under the supervision of Dr. J. Cleall.

REVIEW OF ANNUAL REPORTS

88. Council reviewed those reports available at its June meeting and comments on the resolutions contained therein as follows:

Constitution and By-laws - paragraphs 2, 3, 4, and 6 - agreed

Ethics - paragraph 6 - agreed

Health Care - paragraph 19 - disagrees - does not recommend such a conference at this time.

The Board agrees. However this is not to suggest that the various dental service corporations and/or corporate members may not hold a conference on this subject under their own sponsorship.

Nominations - paragraph 5 - agreed

EXECUTIVE

Treasurer - Council studied the Treasurer's Report, particularly the budget estimates for 1976. It noted that all budget requests are included in the estimates as presented and that a revised 1976 budget will be necessary taking into account the Association's priorities (see para's 90 and 91), results of voluntary memberships in Ontario and Quebec and variables in connection with the completion of the Ottawa building. Council approved the proposed increase of \$25.00 in annual individual membership fee, the \$10.00 per licensed dentist annual corporate membership fee, the new stipends for the President and members of the Executive Council and urges their approval by the Board.

89. A special thanks was given Dr. J.B. Taylor for his dedication and the responsible way in which he carried out his duties during his six years as Treasurer.

The Board wishes to acknowledge the outstanding services rendered by Dr. J.B. Taylor to the Canadian Dental Association.

ASSOCIATION PRIORITIES

90. Council believes there is need to critically evaluate all Association's programs and services. As a first step to do this it has asked all bureaux, councils, committees, departments and offices to provide Council with a priority listing of current or projected activities.
91. Council will then attempt an overall evaluation of priorities with matching cost estimates.

CDA'S CONTINUING EDUCATION CASSETTE PROGRAM

92. Council commended all those who have participated in this program and authorized its continuation for a fourth year.

CARIBBEAN DENTAL PROGRAM

93. Dr. George Burgman and his committee, Drs. Brouillet and Wihak continue to administer the program in a most effective manner. During the past year 23 Canadian volunteers have served on the islands of St. Lucia, Dominica and Montserrat.

APPRECIATION

RESOLVED

That the Board of Governors on behalf of the members of the Canadian Dental Association express their appreciation to the members of the Executive Council for their sacrifice and efforts during the past year in the interest of the CDA and dentistry in general.

Adopted

HONORARY MEMBERSHIP AND AWARDS - AD HOC COMMITTEE REPORT

The committee, having reviewed the Association's present policy with respect to honorary memberships as well as award procedures employed by other associations, recommends that the Association approve and implement the following awards.

HONORARY MEMBERSHIPS

This shall be the Association's highest award. It may be conferred on persons deemed by their peers to have rendered exceptional constructive services, nationally and/or internationally in any field of dentistry.

Honorary members shall be elected by the Executive Council from candidates proposed to the Council by an awards committee comprising the immediate past-president as chairman and two preceding past-presidents.

The chairman of the awards committee will report to the spring meeting of the Executive Council, supplying, in writing, complete documentary evidence in support of the committee's recommendations for honorary members.

The award shall consist of an honorary membership scroll, conferred by the President of the Association or his designate at the next annual meeting of the Association or otherwise as directed by Council.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. An award each year shall not be considered a requirement.

DISTINGUISHED SERVICE AWARD

The Association's Distinguished Service Award shall be conferred on members of the Association who have rendered outstanding service to the Association. The service must be above and beyond what might be considered a member's normal obligation to his professional association.

Recipients of the distinguished service award shall be elected by the Executive Council from candidates proposed to Council by the awards committee referred to above.

The chairman of the awards committee will report to the spring meeting of the Executive Council, supplying, in writing, complete documentary evidence in support of those recommended for the distinguished service award.

The award shall consist of a wall plaque, suitably inscribed, presented to the recipient by the President of the Association or his designate at the next annual meeting of the Association or otherwise as directed by Council.

No more than two distinguished service awards shall be presented in any one year.

CERTIFICATE OF MERIT

A certificate of merit shall be given to all members of the Association who have served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the certificate of merit shall be proposed by the chairman of the nominations committee (president-elect) for approval by the Executive Council at the first meeting of Council following an annual meeting and convention.

The award shall consist of a suitably inscribed certificate, which identifies the appropriate area of service. The certificates shall be mailed to the recipients as soon as possible, following the completion of their terms of office.

DR. DON W. GULLETT MEMORIAL

The committee recommends that the memorial to Don Gullett be distinctive and in keeping with his unique contributions to the dental profession. It is further recommended that the final choice of memorial be delayed until plans for the new headquarters building in Ottawa are more complete. At that time, the following possibilities be considered:

- (a) a bronze relief facial plaque for the reception area
- (b) a door plaque identifying a "Don W. Gullett Room"
- (c) a Don W. Gullett memorial garden
- (d) a Don W. Gullett memorial lecture.

Dr. J. F. Reid, DDS

Dear Dr. McIntosh,

As you may already know, Ottawa was chosen as the venue for the IXth International Conference on Health Education of the Public. Held under the auspices of the International Union for Health Education, the World Health Organization and other international agencies, the Conference will be hosted by the Canadian Health Education Specialists Society. Serving as co-hosts will be virtually all Canadian official and civic organizations, voluntary health agencies, professional associations and commercial companies involved in promotion of health and education of the public.

Designed to be more than "just another conference", its main purpose will be to extend and improve the health education of the public nationally and internationally. Over one thousand leaders in the health and education fields, representing more than 100 countries of the world, are expected to make Ottawa their home during the week of August 29 to September 3, 1976 to explore the Conference theme: Health Education and Health Policy in the Dynamics of Development.

You will readily agree that the challenge to Canada, its health workers, agencies, associations, societies and industry in providing a suitable learning environment for such a Conference is enormous.

Knowing of your Associations's interest and involvement in health education and health promotion, I would like, on behalf of Canada's Organizing Committee, to invite Canadian Dental Association to serve as a co-host for this very important Conference.

As a co-host, each Association will be invited to appoint one representative to serve on Canada's Organizing Committee for this Conference. This Committee will meet on two occasions between now and August, 1976, in order to guide the overall planning of the Conference. The name of each member of Canada's Organizing Committee will receive, on a regular basis, The Conference Newsletter.

Since the co-hosting mechanism is essential to the ultimate success of this Conference, it would be greatly appreciated if, at your earliest convenience, you would advise us of your Association's concurrence to serve as a co-host and provide us with the name and address of your official representative.

Sincerely yours,

Helen K. Mussallem, O.C., Ed.D.
Chairman, Committee on Liaison with Professional Associations

CANADIAN DENTAL ASSOCIATION

Estimate of Payments in Respect of
the Ottawa Building and Sources
of Funds - April 1975 to May 1976
(figures rounded to \$000's)

Month	Land	General Contract	Architects' Fees	Brochure(1) Bonds (2)	Furniture & Moving	Interest	Total Payments	Sources of Funds				Balance of Bank Loan
								C.D.A. General	C.D.A. Reserves	C.F.D.E. Mortgage	Bank Loan	
1975												
Pre-April	\$85,000		25,000	15,000(1)			125,000	55,000(d)	70,000			
April		107,000	32,000				143,000		100,000	43,000		
May		149,000	3,000	4,000(2)			152,000			152,000		105,000
June		206,000	4,000				210,000			105,000	105,000	186,000
July			2,000			1,000	111,000		30,000(h)		81,000	304,000
August		108,000	2,000			3,000	118,000				118,000	433,000
September		113,000	2,000			3,000	129,000				129,000	569,000
October		124,000	2,000			4,000	136,000				136,000	662,000
November		130,000	2,000			7,000	93,000				93,000	
December		84,000	2,000									
1976												
January		55,000	1,000			7,000	63,000				63,000	725,000
February		61,000	1,000			7,000	69,000				69,000	794,000
March		36,000	1,000			9,000	46,000				(454,000)(f)	340,000
April		12,000	1,000			3,000	16,000	(28,000)(d)			(81,000)	259,000
May					90,000(g)	1,000	91,000	350,000(e)			(259,000)	NIL
Totals	\$85,000 1,185,000(a)		78,000(b)	19,000	90,000	45,000(c)	1,502,000	377,000	230,000	300,000	-	625,000

- a) as estimated by Architect, except May 1975, which includes April, and April 1976 which represents contingency estimate.
b) represents amounts billed, \$55,000, plus roughly 2% of monthly payments to general contractor.
c) represents rough estimate equal to 1% of bank loan balance at close of previous month and 10% p.a. on C.F.D.E. Mortgage, payable quarterly.
d) assume that \$27,000 in general funds would be used to limit first mortgage to \$625,000.
e) estimated proceeds of sale of Toronto premises.
f) assume mortgage draw on substantial completion.
g) furniture - \$65,000; moving - \$25,000.
h) assumed borrowing from corporate members.

May 15, 1975

EXECUTIVE

Appendix 3

REPORT OF LIBRARY TRUSTEESLIBRARIAN

Mrs. J. Stoicheff began her employment with CDA as Librarian on February 3, 1975. She is engaged on a half-time basis.

ACQUISITION OF NEW TEXTS

In view of the reduced emphasis placed on the Association's Library services by the Task Force on the Future of the CDA and the Board's acceptance of this principle, the acquisition of new texts for the Library has been minimized. Free books supplied by authors or publishing houses are being gratefully accepted, without any obligation for reviews, but purchases are being curtailed.

LIBRARY FACILITIES IN NEW OTTAWA HEADQUARTERS

In line with the above mentioned reduced Library activities, the Executive Council, in its role as "Ottawa Building Committee" had directed that Library space in the Ottawa Headquarters be kept to a minimum. The trustees agreed that this minimum should be based on space that would house:

- (a) Reference books for use by the editorial department;
- (b) A specialized collection of reports, documents and texts in a few areas such as the economics of practice, which could be made available to the corporate members on an ongoing basis;
- (c) A cross section of new dental texts for general reference purposes;
- (d) A few archival items and dental memorabilia, possession of which the Association would like to retain.

ARCHIVES

The Association now has in its possession a rather extensive collection of archival material including very old texts, original minutes of the Association as well as of several of the corporate members, diplomas, certificates, photographs, etc. Most of the above is clearly tabulated and catalogued as a result of the efforts of the late Dr. Don Gullett.

The trustees agreed that this archival material should be preserved and available now and in the future to those who may be interested.

It was further agreed that the most effective way of accomplishing this end is to donate the bulk of the collection to the National Archives in Ottawa. Direction was given to proceed along these lines.

PERIODICALS

7. The Association has a large collection of dental periodicals - most of which are received in exchange for the Journal of the Canadian Dental Association.
8. The National Research Library in Ottawa has shown an interest in housing and servicing most of this collection so long as the Association will continue to turn over new issues shortly after they are received. If the N.R.C. Library accepts this collection it will catalogue them, publicize their availability and on request provide reprints of articles.
9. The trustees directed that the N.R.C. Library be asked to accept the collection. Any periodicals not included in N.R.C.'s selection could be offered to the libraries at the dental schools.

TEXTS

10. It is anticipated that after the Association makes its selection of dental texts to be taken to Ottawa there will still be a large number of excellent catalogued dental texts available.
11. The Librarian was asked to inquire first about their possible sale and failing that, those who might accept them as a gift. The Ontario Dental Association was one suggestion made in this latter category.

MOTIONS PASSED AT THE SPECIAL MEETING OF THE BOARD OF GOVERNORS MARCH 3-4, 1975:
-----1. MOTION: Silver/Charendoff

"That the professional council as recommended in the Quebec Report on the Task Force be approved in principle, and further that the terms of reference with respect to composition and relationship to CDA be elaborated at a later date and incorporated in the By-laws."

AMENDMENT: Reid/Shinoff

"That the words "and further" be substituted by the word "but".

- CARRIED

MOTION AS AMENDED:

"That the professional council as recommended in the Quebec Report on the Task Force be approved in principle but that the terms of reference with respect to composition and relationship to CDA be elaborated at a later date and incorporated in the By-laws."

- CARRIED

2. MOTION: Malpass/Froese

"That membership in CDA be individual and voluntary."

AMENDMENT: Charendoff/Moran

"That the word "individual" be deleted."

- CARRIED

MOTION AS AMENDED:

"That membership in CDA be voluntary."

- CARRIED

3. MOTION: Charendoff/Moran

"That membership in the CDA be on a voluntary basis through each Corporate member which would be proportionately represented on the CDA General Council."

AMENDMENT: Pate/Evans

"That the word "active" be placed before the word membership".

- CARRIED

MOTION AS AMENDED:

"That active membership in the CDA be on a voluntary basis through each Corporate member which would be proportionately represented on the CDA General Council."

- CARRIED

4. MOTION: Reid/Abra

"That the provincial organizations which are Corporate members of the CDA retain the right to determine the timing of the introduction of voluntary memberships in the CDA and that they continue to be responsible for the collection of CDA dues."

- CARRIED

5. MOTION: Charendoff/Mussells

"That the CFDS be recognized as a Corporate member of the Canadian Dental Association with all the attendant rights and responsibilities."

- CARRIED

6. MOTION: Charendoff/Pate

"That the Canadian Dental Students' Conference be recognized by representation on the CDA General Council."

- CARRIED

7. MOTION: Moran/Wihak

"That the remaining types of memberships, e.g., associate, honorary, sustaining, etc., be left to the Executive to develop and present to the Council at a later date."

- CARRIED

8. MOTION: Moran/Charendoff

"That Article 8, Section 2(a) be amended to read:

Each Corporate member shall be entitled to elect or appoint one of its members to the Board of Governors and shall be entitled to elect or appoint an additional representative for each additional 500 of its CDA members or major portion thereof."

- CARRIED

9. MOTION: Harris/Rife

"That the Canadian Dental Students' Conference be represented on the CDA Board of Governors by one elected CDA student member."

- CARRIED

10. MOTION: Gray/Cripton

"That the expenses of the members of the Board of Governors attending meetings of the Board be funded by the CDA."

- CARRIED

11. MOTION: Charendoff/Evans

"That the composition of the Executive Council as set out in the present By-laws under Article XI, Section 2, be continued."

- CARRIED

12. MOTION: Reid/Mussells

"That the name of the governing body shall be called the Board of Governors as laid down in Article viii, Section 1, para. (a)."

- CARRIED

13. MOTION: Dexter/Malpass

"That the Executive Council examine the financial resource of the CDA and recommend at the next Board meeting an appropriate yearly dues structure sufficient to meet anticipated expenditures."

- CARRIED

14. MOTION: Moran/Rife

"That the Board of Governors has complete authority over all funds and resources of the Association and in particular the receipt of funds, management of resources and investments and retention funds and the disposal and expenditure of all funds and resources."

- CARRIED

15. MOTION: Moran/Rife

"That the Executive Council make recommendations to the next Board meeting to amend or modify the methods of administration and/or procedure of the Association and all its Bureaux, Councils, Committees or any other subordinate or supportive structures."

- CARRIED

16. MOTION: Reid/Wihak

"That the Board accept the principle of a fee for Corporate membership in the CDA."

- CARRIED

17. MOTION: Moran/Charendoff

"That the By-laws be waived to include a CFDS as a voting governor and that Ontario and Quebec representation remain as is for 1975."

- CARRIED

18. MOTION: Charendoff/Harris

"That the CDA Journal be received free of charge by each practising dentist in Canada."

- CARRIED

19. RECOMMENDED: Moran/Charendoff

"That the Executive Council evaluate the submission by ODA on the administrative structure of CDA and prepare a recommendation for presentation to the Board at the August meeting."

AGREED

20. RECOMMENDED: Charendoff/Moran

"That the Executive Council consider that an adequate stipend be paid to the CDA President and members of the Finance Committee."

AGREED

MINUTES OF THE MEETINGWITH THE ADMINISTRATIVE COMMITTEE OF THE ORDER OF DENTISTSHELD MAY 29, 1975

PRESENT: Dr. Vincent Dontigny,
Mr. Pierre Bastien,
Dr. Jacques Fiset,
Dr. Disney Silver,
Dr. Charles-E. Gosselin,
Dr. Marcel B. Archambault,
Registrar-Secretary of the Order of Dentists
Dr. Pierre-Yves Lamarche,
Assistant-Secretary of the Order of Dentists
Lt.-Col. James Wright, Canadian Forces Dental Services.

ROLE OF PROFESSIONAL COUNCILRESOLUTIONS PROPOSED:

- 1- The Professional Council will be composed of one representative from each provincial dental licensing body and the Canadian Forces Dental Services.
- 2- The present functions of Council of Education and Council on Hospital Dental Services will come under the authority of the Professional Council. This will be effected by making the Council on Education and the Council on Hospital Services, Committees of Professional Council.
- 3- The policies and procedures of the NDEB, RCDC and ACFD will be under review by the Professional Council with respect to their applicability to the respective provincial jurisdictions.
- 4- The representative to the Professional Council will be the president of the provincial licensing body and the Director-General of Dental Services or a senior delegated representative from each organization.
- 5- The chairman of Professional Council will be elected from and by the membership of the Council.
- 6- The Professional Council will determine its own methods of procedure.
- 7- The requirement for administrative support will be determined by the Professional Council.
- 8- The President of Canadian Dental Association will convene the first meeting of the Professional Council within 60 days following approval of its formation by the Board of Governors of Canadian Dental Association.

9- The budget of the Professional Council shall be established by the Council, approved by each provincial dental licensing body and apportioned on a per capita basis of the total licenced dentist population of each province.

The annual amount will be paid by the provincial dental licensing body of each province to the Professional Council.

10- That the Professional Council will act with every degree of cooperation possible with the CDA.

11- That discussions on policy taken by the Professional Council will be submitted to the CDA for announcement to the profession and to the public.

HEALTH CARE

MEMBERS: R.G. Dickson, Chairman, Drumheller; D.E. MacFarlane, Vancouver; P.J. Kirby, Edmonton; J.W. MacKay, Saskatoon; S. Norquay, Winnipeg; R. Crawford, Sarnia; S. Silver, Montreal; J.T. Dowd, Moncton; D.A. Eisner, Halifax; J.R. Robertson, Summerside; C.P. Daly, St. John's

R E P O R T

MEETINGS

1. Because of budgetary restrictions, no meeting of the full Council was held during the current year. Two special meetings were, however, sponsored by the Council.
2. The Dental Services Committee met with provincial Economics Committee Chairmen during the C.D.A. Convention in Toronto, 7 Oct 74. All provinces were represented.
3. The Auxiliary Services Committee met with provincial Auxiliary Services Committee Chairmen in Toronto, 5 May 75.

DENTAL SERVICES

4. C.D.A. Standard Claim Form: Presently in use in Ontario, at the printers in Saskatchewan and formally approved in Alberta. B.C. is in favour and will probably adopt it. Manitoba has it under review. D.V.A. has bilingualized the form. Approved in Nfld., N.S., P.E.I., N.B., under study in Quebec.
5. C.D.A. Uniform Code: In use in Ontario. Will be implemented in Alberta and Saskatchewan 1 Jan. 76. Approved in Nfld., N.S., N.B., P.E.I., under study in B.C.

The Board recommends that there be no unilateral changes made by corporate members in the numbering or description of services of the CDA uniform code.

6. R.V.U. System: In use in all provinces except Newfoundland. The four Western provinces are working co-operatively to establish more uniform values for the "T" and "R" factors.
7. Provincial Summaries: The lack of the stimulus of a Council meeting has resulted in a poor response to the usual questionnaires. The summaries and the method of collecting data will now be reviewed.
8. Meeting of Provincial Economics Committee Chairmen: At the request of the provincial chairmen, a meeting was held during the 1974 C.D.A. Convention. At this meeting many of the problems that had been encountered in adopting the C.D.A. Code and List of Services for provincial fee guides were surmounted. This facilitated the acceptance of the final C.D.A. Uniform Code and Claims forms. A similar meeting is being planned during the 1975 C.D.A. Convention.

HEALTH CARE

9. Pamphlet on Dental Fees: A pamphlet depicting some of the items influencing dental fees has been recommended to the Council on Information Services.

DENTAL AUXILIARIES

10. Mini-Conference on Dental Auxiliaries: A meeting of provincial Chairmen of Dental Auxiliary Committees (or delegates) was held at C.D.A. headquarters to discuss the development of a uniform Canadian Dental Auxiliary Training Model. The meeting was not attended by N.B., P.E.I., Nfld. or the CDNAA.
11. The representatives were unanimous in their approval of the Dental Auxiliary Career Training Model and the core duties outlined for each level of training. (See Appendix 1)
12. The continuing education "packages" at each level were approved in principle but the scope of the training was not unanimously agreed upon and was left for further study and discussion.
13. Approval is now being sought from the provincial dental executives for the basic core levels of the Career Model and the core duties for those levels.
14. Approval in principle for the continuing education "packages" is also being sought from the provinces.

The Board notes that approval in principle of the continuing education "packages" is also being sought from the provinces. It is hoped that the standardization of duties of dental auxiliaries as outlined in Appendix 1, can be accomplished in the near future.

15. As soon as these have been approved by the provinces, the core subjects of the extended training packages will be recommended and educational guidelines drafted.
16. Cost Effectiveness Studies: Progress in this area has been slow. Part of the problem has been the reluctance of governmental dental planning groups to release statistical information on programs under consideration and part has been the wide differences in proposed and existing plans. More information on the cost of dental programs is expected to be made available shortly and the Council will attempt to comply with the direction of the Board, however, it might be more productive to concentrate on the justification for "profession approved" delivery systems.

PUBLIC HEALTH COMMITTEE

17. No committee report. The Council is, however, making slow progress in its pursuit of a Canadian Dental Health Index. As soon as preliminary discussions are completed, some definite proposals will be presented.
18. National Approach to Health Benefit Programs: Dr. Eisner's study and report suggests that the response from the presidents of the various corporate members indicates sufficient interest in a National Conference on Health Benefit Programs to proceed. (Seven provinces)

HEALTH CARE

19. Appendix 2 outlines a proposal for a one-day conference on Pre-Paid Dentistry.

RESOLVED

That the C.D.A. host a National Dental Conference on Pre-Paid Dental Care as outlined in Appendix 2.

Defeated

The following substitute resolution is presented:

RESOLVED

That the C.D.A. organize a National Dental Conference on Pre-Paid Dental Care and invite representation from all corporate and provincial dental bodies with no financial responsibility to C.D.A. for delegates' expenses.

Defeated

(See also Executive Council report page 59, para. 88.)

The Board wishes to express its appreciation to Dr. R.G. Dickson and the members of his Council for their extensive work, although their activities have been curtailed due to budgetary restrictions during the past year.

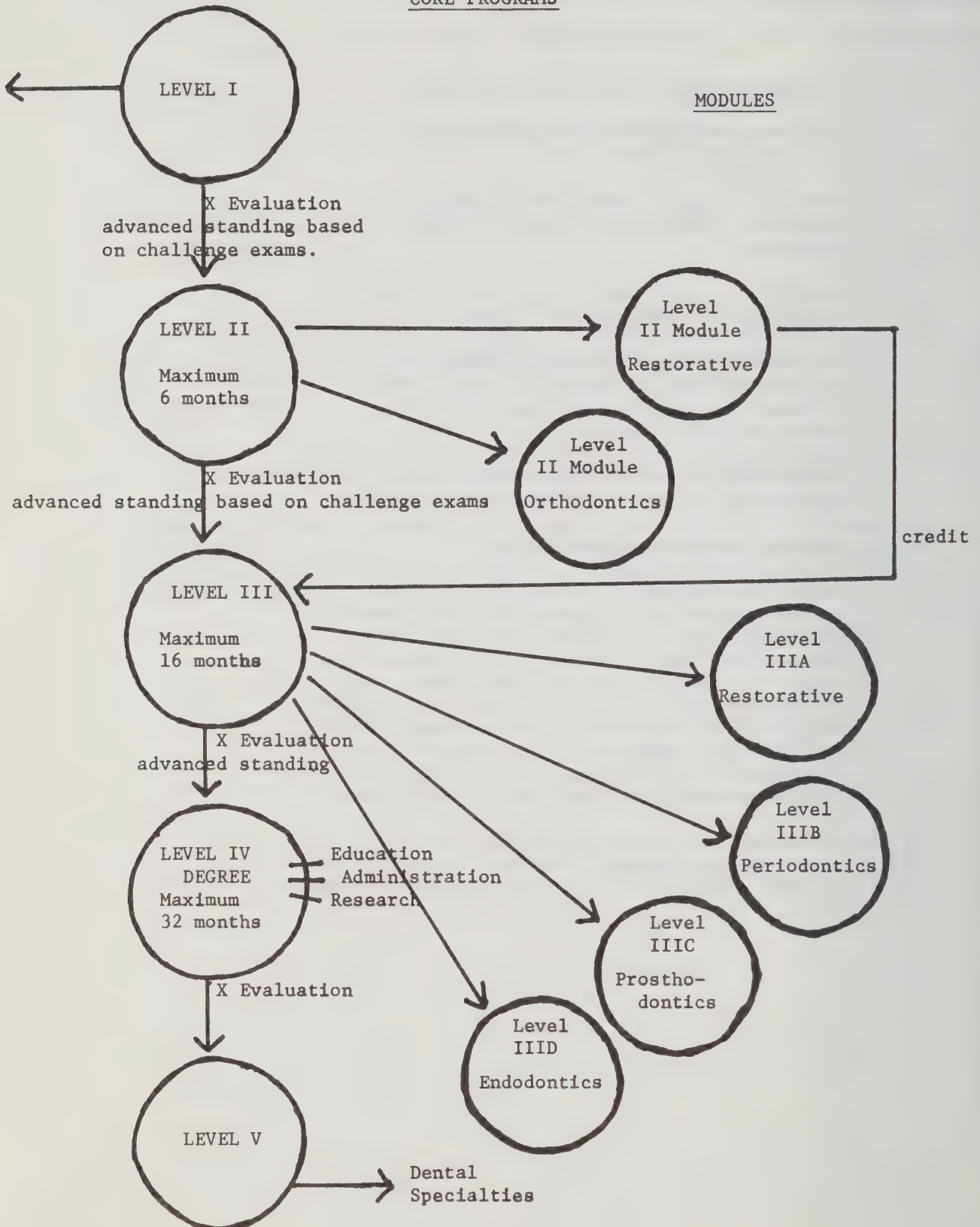
Career Options System

Criteria that a career options system must demonstrate are:

1. Vertical mobility and lateral mobility.
2. Advanced standing for past experience -
i.e. challenge examinations.
3. Identification of common core areas of
knowledge, these areas taught in common
programs.
4. Specialty areas taught as continued education
rather than as part of core areas.
5. The introduction of a mastery concept at
all levels; this is where a student moves
at their own rate and not just a certain
length of time. This would then lead to
the concept of continuous student intake.
Concern should be on the quality of the
end product and not the process of education.
6. Multiple entrance opportunities.
7. In the development of a model for a career
options system, it is imperative that minimal
requirements and guidelines which include
defined performance objectives and evaluation
criteria be established for each level. Con-
sideration should also be given to the develop-
ment of proficiency and challenge examinations
to facilitate appropriate placement of in-
dividuals within the educational system and
to accommodate individual learning abilities.
8. A modular approach to curriculum design is
recommended and should include the utilization
of self-instructional materials wherever possible.

CAREER OPTIONS SYSTEM

CORE PROGRAMS



The following functions should be included at each core level program:

LEVEL I: Office Procedures

Make patient appointments
Receive and place telephone calls
Type materials relevant to office procedure
Purchase supplies
Keep an inventory
Fill in financial records with patient and/or third party
Record and maintain financial transactions
Maintain patient dental records
Maintain channels of communication
File dental radiographs and other relevant dental records

Operatory Procedures

Receive and dismiss patients and visitors
Position and prepare patients in the dental chair
Clean and care for operatory and equipment
Maintain chain of asepsis
Prepare instruments for and operate sterilizers
Prepare appropriate tray set-ups

Clinical Procedures

Record patient history
Record examination findings - plaque, oral structures,
 occlusal and head and neck
Take intra- and extra-oral photographs
Pour, trim and articulate study casts
Polish dentures
Adjust voltage, amperage and timer on x-ray machine
Apply paralleling and bisecting angle procedures for
 peri-apical radiographic surveys
Evaluate dental radiographic procedures
Apply bite-wing, radiographic procedures
Maintain patient and operator safety measures for x-radiation
Select appropriate film size for patient's mouth
Select accessories for radiographic techniques
Mouth radiographs
Label dental radiographs
Develop and fix exposed radiographs
Mix solutions for developing and fixing radiographs
Clean radiographic processing equipment
Maintain unexposed radiographic film storage
Assist with oral surgery procedures
Maintain a clear field - retraction, suction
Assist with the administration of local anesthesia
Apply topical anesthetics
Assist with rubber dam application and removal
Place rubber dam
Remove rubber dam
Place matrices and wedges
Remove matrices and wedges

Triturate amalgam alloy
Identify, pass to operator and receive appropriate dental instruments and materials
Remove retraction cord
Assist with first aid procedures
Irrigate prepared cavity
Insert or remove cotton rolls
Irrigate oral cavity for rinsing
Apply air to dry cavity preparation
Prepare gutta percha

LEVEL II: Educational and Preventive Services

Provide basic home care instruction and information
Provide instruction in placement and care of all removable orthodontic appliances
Provide instruction in use and maintenance of partial dentures, complete dentures and obturators
Polish clinical crowns of teeth
Apply topical anti-cariogenic agent

Laboratory Functions

Provide simple screenings for diabetes and hypoglycemia
Take and prepare oral cytologic smears
Preserve and package biopsy specimens for shipment
Take bacterial cultures
Test for caries susceptibility

Radiographic Procedures

Apply extra-oral radiographic procedures
Apply panoramic radiographic procedures

Restorative Procedures

Place cement bases and related medicaments
Place temporary dressings

Other Intra-Oral Procedures

Remove sutures
Take initial study model impressions

LEVEL III: Data collection

Examine head and neck
Examine intra-oral structures
Examine occlusal relationship
Perform charting
Identify habits affecting occlusion
Identify deviant swallowing patterns
Take patient's medical and dental history
Interpret radiographs (not for diagnosis)
Make pulp vitality test

Take blood pressure and pulse rate
Recognize conditions indicated in history that
 require altering procedures
Evaluate dietary habits

Education and Home Care Services

Select appropriate home care techniques for each patient
Provide diet counselling
Provide myo-functional therapy
Present cases

Intra-Oral Procedures

Place sutures
Remove temporary dressing
Place removed medicaments in a dry socket
Place periodontal pack
Remove periodontal pack
Desensitize hypersensitive teeth
Remove supra- and subgingival calculus
Curette and root plane tooth surfaces
Curette soft tissue
Remove excess restorative material

DENTAL CONFERENCE ON PRE-PAID DENTISTRY

- HOST: Canadian Dental Association
(No financial responsibility for delegates attending)
- DELEGATES: Presidents or delegates from Provincial Dental Associations.
Delegates from provinces with dental service corporations.
- LOCATION: Central Canadian city.
- DURATION: 1 day.
- SUGGESTED AGENDA:
- MORNING SESSION:
1. Overview of Current Programs. Delegates attending would have an opportunity to present a brief summary of programs currently in operation in their provinces.
 2. A View Point. Special speakers from Government, the public, the dental profession and dental services corporations.
- LUNCH:
- AFTERNOON SESSION:
1. Discussion Period: Individuals knowledgeable in the development and administration of pre-payment programs would present a brief summary of their subject following which there would be an opportunity for open dialogue among the delegates.
 2. Subjects Suggested for Discussion are:
 - (a) Underwriting - Benefit Design
 - (b) Peer Review
 - (c) Contracts
- RESOLUTIONS: Dentistry's position relative to dental pre-payment programs.
Dentistry's involvement in dental pre-payment programs.
- NOTE: It is suggested that the ultimate outcome of this conference would be to determine if there is the possibility of developing a vehicle that would co-ordinate the dental profession's involvement in pre-paid dentistry on a national basis.
- An in-depth study would be necessary before a national approach could be presented to the dental profession and this Conference should allow the profession to assess whether or not they wish to proceed with the study.

HOSPITAL SERVICES

MEMBERS: K.C. Bentley, Chairman, Montreal; S.M. Claman, Winnipeg; G.K. Hurd, Kitchener; A.C. Parnell, London; P. Surprenant, Sherbrooke

R E P O R T

MEETINGS

1. The Council on Hospital Services met at CDA headquarters on February 24, 1975. Dr. P. Surprenant was unable to attend. Dr. J.M. Armitage, representing the Hospital Services Committee of the Ontario Dental Association, and Dr. A. Raymond, representing the Hospital Services Committee of the Order of Dentists of Quebec, attended the meeting. Dr. Claman served also as the representative of the Hospital Services Committee of the Manitoba Dental Association. These persons attended the meeting following the decision taken at the last meeting of Council that representatives of provincial Hospital Services Committees be invited to attend meetings of the Council on Hospital Services without CDA financial responsibility.

SURVEY OF HOSPITAL DENTAL SERVICES

2. Council received applications from the following hospitals for evaluation of their internships/residencies and/or dental services; these surveys were performed during the past year:
 - (1) Doctors' Hospital, Toronto, Ontario
 - (2) Hamilton General Hospital, Hamilton, Ontario
 - (3) Mount Sinai Hospital, Toronto, Ontario
 - (4) Sunnybrook Hospital, Toronto, Ontario
 - (5) Reddy Memorial Hospital, Montreal, P.Q.
 - (6) Ottawa Civic Hospital, Ottawa, Ontario
 - (7) Toronto General Hospital, Toronto, Ontario
 - (8) Victoria Hospital, London, Ontario
3. Council received requests for postponement of surveys from the following hospitals:
 - (1) St. Joseph's Hospital, London, Ontario
 - (2) University Hospital, London, Ontario
 - (3) St. Justine's Hospital, Montreal, P.Q.
 - (4) Royal Victoria Hospital, Montreal, P.Q.
4. Council approved the postponement of these surveys on the basis of information provided.
5. As of May 1, 1975, the following hospital dental services have been evaluated by the Council on Hospital Services of the Canadian Dental Association. The date on which the validity of the accreditation award expires is available upon request from the Council secretariat. Information pertaining to hospital dental services that does not appear in the following list may also be obtained from the secretariat.

HOSPITAL SERVICES

<u>Name of Hospital</u>	<u>Accreditation Award</u>
NEWFOUNDLAND:	
Dr. Charles A. Janeway Child Health Centre, St. John's	Approval
NOVA SCOTIA:	
Izaak Walton Killam Hospital, Halifax	Approval
Victoria General Hospital, Halifax	Approval
QUEBEC:	
Centre Hospitalier Notre Dame, Montreal	Approval
Centre Hospitalier St. Vincent de Paul, Sherbrooke	Approval
Hopital de l'enfant Jesus, Quebec City	Approval
Hopital Sainte Justine, Montreal	Provisional Approval
Jewish General Hospital, Montreal	Approval
Montreal Children's Hospital, Montreal	Approval
Montreal General Hospital, Montreal	Approval
Reddy Memorial Hospital, Montreal	Provisional Approval
Royal Victoria Hospital, Montreal	Approval
St. Mary's Hospital, Montreal	Approval
Youville Hospital, Sherbrooke	Approval
ONTARIO:	
Doctor's Hospital, Toronto	Approval
Hamilton Civic Hospitals (Hamilton General Hospital), Hamilton	Approval
Hospital for Sick Children, Toronto	Approval
Mount Sinai Hospital, Toronto	Approval
Ottawa Civic Hospital, Ottawa	Approval
Scarborough General Hospital, Scarborough	Approval
St. Joseph's Hospital, London	Provisional Approval
Sunnybrook Hospital, Toronto	Approval
Toronto General Hospital, Toronto	Approval
Toronto Western Hospital, Toronto	Approval
University Hospital, London	Provisional Approval
Victoria Hospital, London	Approval
MANITOBA:	
Deer Lodge Hospital, Winnipeg	Approval
Winnipeg Children's Hospital, Winnipeg	Approval
Winnipeg Health and Science Centre, Winnipeg	Provisional Approval
BRITISH COLUMBIA:	
Children's Hospital, Vancouver	Approval
Shaughnessy Hospital, Vancouver	Approval
Vancouver General Hospital, Vancouver	Provisional Approval
Victoria General Hospital, Victoria	Provisional Approval

HOSPITAL SERVICES

SURVEY OF INTERNSHIPS AND RESIDENCIES

6. Council has reviewed its list of internship and residency programs with respect to accreditation status. As of May 1, 1975, the following list comprises those programs which are presently accredited:

<u>Name of Hospital</u>	<u>Accreditation Award</u>
QUEBEC:	
Centre Hospitalier Notre Dame, Montreal: rotating dental internship	Approval
Centre Hospitalier St. Vincent de Paul, Sherbrooke: rotating dental internship	Approval
Jewish General Hospital, Montreal: rotating dental internship	Approval
Montreal Children's Hospital, Montreal: straight internship in Paedodontics*	Approval
Montreal General Hospital, Montreal: rotating dental internship	Approval
Reddy Memorial Hospital, Montreal: rotating dental internship	Approval
St. Mary's Hospital, Montreal: rotating dental internship	Approval
Youville Hospital, Sherbrooke: rotating dental internship	Approval
ONTARIO:	
Toronto General Hospital, Toronto: rotating dental internship	Approval
Toronto Western Hospital, Toronto: rotating dental internship	Approval
MANITOBA:	
Winnipeg Children's Hospital, Winnipeg: straight internship in paedodontics*	Approval
Winnipeg Health and Science Centre, Winnipeg: straight internship in oral surgery*	Approval
BRITISH COLUMBIA:	
Vancouver General Hospital, Vancouver: rotating dental internship	Provisional Approval

*(Approval of this internship does not constitute approval of a postgraduate specialty training program.)

7. Council has selected surveyors to carry out evaluation on its behalf of dental services and/or internships and residencies of hospitals that are due for re-survey or have requested initial survey. Programs that have received the status of approval are normally re-surveyed within three years; provisional approval usually carries a term of one year, after which the administrators of the program are encouraged to request a further survey.

HOSPITAL SERVICES

8. Registered letters are sent to the administrators of hospital programs whose accreditation validation has expired and who have not applied for re-evaluation. Council requests notice of the hospital's intention within a specified time limit; failure to do so will result in the removal of the name of the institution from the list of CDA accredited programs.
9. Council has decided that existing provincial hospital services committees be asked to supply names of those individuals who are hospital oriented, who might be willing to serve on survey teams and so assist Council in its accreditation process.

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

10. In May 1974 the Chairman of Council together with the Executive Director attended a meeting with CCHA representatives. As a result of that meeting a possible working relationship which could exist between this Council and CCHA is summarized as follows:
 - (a) Council could provide CCHA with a dental service questionnaire which could then be inserted in the CCHA hospital questionnaire.
 - (b) CCHA would complete the dental service questionnaire as part of the regular hospital survey.
 - (c) CCHA would return the completed dental service questionnaire to Council for assessment.
 - (d) Council would inform the surveyed dental service and CCHA of the accreditation status awarded.
 - (e) Council would continue to survey itself (perhaps in conjunction with CCHA) those major teaching hospitals with dental services and/or dental internships.
11. Council has requested that the Chairman continue liaison with CCHA in order that CCHA be informed of Council's decision concerning the manner in which surveys might be performed.
12. Council approved a series of questions for submission to CCHA that these might be included in its survey questionnaire as a one page questionnaire on dental services.

DENTISTRY IN EXTENDED CARE CENTRES

13. At the 1973 Board of Governors meeting, a resolution was approved (1973T133) that data be accumulated by the corporate bodies pertaining to the dental care requirements of population groups in extended care centres. Council has developed a questionnaire for use by CDA corporate members in this regard and this questionnaire has now been circulated to the corporate members. When submissions are received, the secretariat will collect the available data so that they may be assessed by Council's consultant in this matter.

HOSPITAL SERVICES

REVIEW OF ACCREDITATION DOCUMENTATION

14. Council has reviewed accreditation questionnaires and surveyor's report forms and has eliminated any duplication in these documents.
15. Council will review during the next year the CDA "Requirements for Approval of Dental Internships" (1973T131).

MODEL BY-LAWS

16. Council has surveyed hospitals for a set of model by-laws by which dental services operate. Council has agreed that those from Deer Lodge Hospital can be used for this purpose.

CHAIRMAN'S REMARKS

17. May I extend my thanks and gratitude to all those individuals who have assisted me in carrying out my duties during my term of office as Chairman of this Council. Your assistance has been much appreciated.

Council is commended for its extensive work throughout the year.

The Board notes with interest the increasing number of hospital dental services and related internships and residencies that now have CDA approval.

INFORMATION SERVICES

MEMBERS: W.B. Chapple, Chairman, Port Hope; G.E. Sparrow, Toronto; C. Chicoine, Montreal; K.L. Croft, Vancouver; D.V. Allen, Windsor

R E P O R T

COUNCIL MEETINGS

1. The Council held only one, full-day meeting on November 27, 1974. Meetings were curtailed at the request of the Executive Council.
2. Because of the Council's regular business and the expected heavy commitments of the Council's "Task Force on Preventive Dentistry", it is proposed to resume a regular meeting schedule for 1975-76.

COUNCIL PERSONNEL

3. It was with regret that the Council accepted the resignation of W.J. Spence, who had made a valuable contribution as chairman for many years. The President appointed D.V. Allen of Windsor to fill out the membership term of Dr. Spence.

The Board notes with regret the resignation of Dr. W.J. Spence, who had made a valuable contribution to the Council on Information Services for many years. It is also noted that Dr. D.V. Allen of Windsor had been appointed to fill out the membership term of Dr. Spence.

FILMS

4. The Association has continued this year with 14 films in circulation through Modern Talking Picture Service. As of December 31, 1974, Modern reported bookings for the year of 485 showings to 18,022 viewers. The 1974 cost to the Association was \$2,483. No films were produced or purchased this budget year.

RADIO SPOT ANNOUNCEMENTS

5. Radio material developed mainly for use during Dental Health Week resulted in \$4,850 of public service air time in 1974, as reported by the stations concerned. Not all stations report in this manner, and it is evident from the reports of dental health week provincial chairmen that much more time was actually donated.

TELEVISION FILM CLIPS

6. Use of the Association's regular television materials and those made available for Dental Health Week resulted in \$52,235 worth of reported public service announcements in 1974.

1974 CONVENTION COVERAGE

7. Competition from the scores of meetings and conventions held in Toronto at the same time as the CDA National Convention, and an apparent lack of speakers considered newsworthy by the press, resulted in a reduction in coverage for the 1974 meeting. A total of 191 newspaper columns were received, together with daily interviews on CBC radio and minor television coverage.

NEWSPAPER COLUMNS

8. The Association continues to supply 230 weekly newspapers with a varied range of dental topics.

It was noted that the Association continues to supply 230 weekly newspapers with a varied range of dental topics. The Board suggests that consideration be given to offering this column to daily newspapers.

9. The Toronto Daily Star column, authored by Dean Wesley Dunn was discontinued December 1974 by the Star editors. While response was excellent by most dental reader standards, it could not compete with popular features such as Ann Landers.

The Board wishes to express its thanks to Dean Wesley Dunn for the services he rendered in connection with the weekly dental column in the Toronto Daily Star which was discontinued in December 1974.

GOVERNMENT COMMUNICATIONS

10. All Members of Parliament have received two issues of the CDA government communication mailer, called "Communique". The first issue, mailed in October 1974, dealt with the Guidelines for Dental Health Plans for Children as approved by the Board of Governors. It enjoyed wide response. The second issue, mailed February 1975, included information about the Abrasivity of Dentifrices as provided to the profession in a status report from the Committee on Dental Materials and Devices, as well as a condensed version of the brief submitted to Health Minister Marc Lalonde on Dental Services for the Handicapped. Anyone interested was invited to write for the full position paper. Perhaps because the second issue seemed to indicate that this was to be a continuing series, response was not large.

VOLUNTARY MEMBERSHIP DRIVES

11. Throughout the Fall/Winter and early Spring of 1974-75, the CDA in co-operation with the Ontario Dental Association conducted a very successful voluntary membership drive. March 31, 1975 was the official end of the ODA membership year. At that time, CDA had 2376 regular members, 96 associate members, 655 student members. Of the regular members, 69 were CDA members only and were not members of ODA.

The Board wishes to congratulate the ODA members on their efforts in their drive for voluntary members and hopes that the Quebec campaign meets with an equal measure of success.

The Board is also pleased with the outstanding success of the student membership drives at the University of Western Ontario and the University of Toronto.

12. Members are still being solicited in Ontario by the CDA. A membership letter has been sent to all dentists in Ontario who did not join the CDA but did join the ODA and those who did not join either Association. This mailer has had positive response. CDA paid membership at May 31 was 2442, or 65 per cent of all dentists in the province.

INFORMATION SERVICES

13. A membership drive in Quebec, was undertaken with the joint co-operation of the Order of Dentists of Quebec and the Quebec Dental Surgeons Association. At the time of this report (May 31), the campaign is just underway with an initial mailing of a membership folder to the 1500 French-speaking and the 600 English-speaking dentists in the province.

DENTAL HEALTH WEEK

14. A very successful Dental Health Week was held February 2-8, 1975. An early organization meeting in October 1974, resulted in obtaining free access to the creative artwork and television productions of the Order of Dentists of Quebec. These were offered to all provincial chairmen at cost, with CDA donating a part of each province's order for posters and lapel stickers. CDA also donated copies of the Quebec television announcement. Provincial chairmen could also order the Alberta Dental Association's film "The End of Plaque" at cost.
15. The Bureau of Public Information, prepared 150 Planning Kits for distribution through provincial chairmen to all sub-committees and distributed a set of radio announcements to every radio station in Canada.

TASK FORCE ON PREVENTIVE DENTISTRY

16. As a result of the organizational meeting held for Dental Health Week, the ten provincial chairmen, formed an ad hoc committee, called the "Task Force on Preventive Dentistry", under the chairmanship of the Council chairman, W.B. Chapple. The objective of the group was to remain together as a cohesive planning body and to undertake another early, all-Canadian dental health week program.
17. The scope of the original program was expanded when it was realized that a number of provinces were individually spending large sums of money for independent public education campaigns and that a more efficient use of the funds could be made by "pooling" all funds from associations, as well as possible donations from the dental trade and governments.
18. As of this date, the communications agency, Allard LeSeige of Montreal, has been engaged to develop the initial plans for a five-year all-media, public relations program for presentation to all bodies interested in making donations. With the approval of the Executive Council, the Canadian Fund for Dental Education was successfully approached for a grant to initiate the planning stage of the program. If the fund-raising drive is successful, the Council and its agency will begin production immediately of necessary materials for a five-year plan.

The program of the Task Force on Preventive Dentistry as outlined in paragraphs 16 to 18 will be considered by the Executive Council at its next meeting.

INSURANCE & INVESTMENT

MEMBERS: R.A. Hugill, Toronto, Chairman; R.L. Rasmussen, Calgary;
O.F. Wright, Vancouver; D.C. Steeves, Moncton; F.J. Furlong,
Windsor; M. Diner, Montreal; R. Beyers, Kitchener

R E P O R T

1. Permission was granted by the Executive Council in December 1974, to have the Executive Committee of the Council on Insurance and Investment act as an Interim Council during 1975 as a means of reducing expenditures. This included authority to implement the program changes approved by the Board of Governors in 1974, utilize the Retention Trust Funds as approved by the Board in 1974 and take emergency decisions when considered necessary for the continued success of the plans. Quarterly reports were to be submitted to the CDA and to the provincial dental associations.
2. The Executive Committee or Interim Council comprises Dr. R. Hugill, Toronto, Chairman, Dr. R. Beyers, Kitchener, Dr. M. Diner, Montreal and Dr. R. Rasmussen, Calgary.

RESOLVED

That the interim council be authorized to continue until the next annual meeting of the C.D.A. Board of Governors.

Adopted

And further that this interim council be appointed by the Executive Council from the members of the Insurance and Investment Council.

Adopted

MEETINGS

3. The Interim Council met November 2 and 3, 1974, February 15 and 16, 1975 and May 16, 1975.

PROPOSED ALTERATIONS

4. The Interim Council believes that certain changes in the overall operation of the Council and the services rendered by CDSPI could be beneficial to the insurance and investment plans and therefore to the dentists of Canada.
5. Accordingly three lengthy briefs were developed and presented to the Executive Council when it met in April 1975. The briefs covered recommendations on:
 - (1) a future Council format;
 - (2) Trust Agreement, Trustees and administrative/promotional costing;
 - (3) administration of the National/Provincial Plans.

INSURANCE & INVESTMENT

6. Although the Interim Council considered it urgent that decisions be taken at once with regard to its recommendations concerning the future Council format, the administrative/promotional costing, and some of the administrative proposals, the Executive Council preferred to authorize those suggestions dealing with plan improvements but defer the other suggestions until after they had been referred to an ad hoc committee appointed to study and report on the management and overlapping roles of the Council on Insurance and Investment and the CDSPI. (See Executive Council report paras. 78(1) to (6).)

MASTER CONTRACTS

7. The "Holders" of all master contracts have been amended in an effort to comply with the motions approved by the Board of Governors. (1974T221)

Whereas the Board of Governors notes that the signing of the master contract did not comply with the directives of the Board of Governors (1974T221), be it

RESOLVED

That any signing of a master contract and retention agreements must be in accordance with the motions as approved by the Board (1974T221) and each provincial body must be required to sign it.

Adopted

On motion from the floor:

That the master contracts for insurance be signed by the Quebec Dental Surgeons Association on behalf of the dentists of Quebec.

Adopted

8. These same motions also establish that no dentist's coverage will be cancelled due to any change in his dental association membership status or with respect to which of the listed associations he is a member.
9. The "Holders" of the Life Contract are now shown as the "Trustees" for the Canadian and all the other association members of the National/Provincial Program. Council was persuaded by the underwriter that there was an urgency in having the Master Contract signed to conform with the requirements of the Department of Insurance. Rather than have all eleven associations sign the Master Contract, the Interim Council, as Trustees, signed on their behalf as was recommended by the underwriter.
10. The signatures of the Trustees validate the Master Contract insofar as the Department of Insurance is concerned. However, should this format not be acceptable to the associations named as the "Holders", the wording can be changed to comply with the latter's wishes.

INSURANCE & INVESTMENT

GRADUATE PACKAGE

11. Through cooperative efforts of Council, the plans' administrator, "key" personnel of CDSPI, and the CNA Assurance agents, it has been possible to enrol a reasonably satisfactory percentage of new dental graduates. Council anticipates further enrolments in a follow-up program. Approximately 371 graduates out of a possible 500 have been enrolled to date. Next year, through better time table planning, enrolment of new graduates should reach even a higher degree of success.

The Board of Governors recognizes that this free graduate package will be a strong incentive for membership in the Association.

UNDERGRADUATE PACKAGE

12. The Executive Council authorized additions to the undergraduate package for marketing in the Fall of 1975. These additions include \$5,000 of term life with no evidence of health, \$6,000 basic Adjustment Income Dollars (A.I.D.), short term income protection (under negotiation) and the availability of general insurance coverage (household, auto, etc.).

ADJUSTMENT INCOME DOLLARS PLAN (A.I.D.)

13. The master A.I.D. contract has been completed and is ready for signing.
14. When both parties, i.e. dentist and spouse, are involved in the plan, then a letter will be sent from Laurier Life - the underwriters - indicating that the spouse will have a paid-up life policy (no further premium payment) in the amount of \$6,000 payable on the death of the spouse to the beneficiary named in the policy.

TERM LIFE PROGRAM

15. The Interim Council recommended to the Executive Council that a 5% premium reduction be applicable to all participants paying the premiums on an annual basis and that a 5% surcharge be added to the premiums of participants paying the premium on a quarterly basis. The Executive Council approved the 5% premium reduction for those paying annually but did not approve the 5% surcharge for those paying quarterly.
16. Another benefit to participants in the Life Program has been recommended by the Interim Council and approved by the Executive Council. Namely, that in accordance with the escalation feature of the Life Master Contract approved by the Board a year ago (1974T215,216), a 10% increase in life coverage be given to each participant without evidence of health nor premium cost until the next renewal date (1 December) when the participant would have the option of paying the additional premium for the ensuing year's coverage in order to retain the additional coverage without evidence of health.
17. A retention statement for the Life Program appears in Appendix 1.
18. An updated Life Retention Agreement has been finalized and is ready for signing.

INSURANCE & INVESTMENT

MANITOBA LIFE PLAN

19. Arrangements are being completed to cover those dentists who are until 31 December 1975 insured under the Manitoba Dental Association Life Plan, under the National/Provincial Life Plan, with no evidence of health or other requirements.

GENERAL INSURANCE PROGRAM

20. CNA designated agents are currently promoting, marketing and servicing the General Insurance Program as outlined a year ago (1974T252). A formal contract re Designated Agents between CNA and Council is being finalized.

Home-Owners Policy:

21. The Home-Owners "Insurance Value" program has been active since November 1974. An 'assessment sheet' will be provided to assist dentists in confirming the value of house and contents.

Special Office Business Package:

22. There are no changes in plan content. However, because of escalating values of office contents and claims experience, the underwriters have indicated that there will be some increase in premium. It is Council's opinion that an increase is justifiable and would still keep the package competitive. A special assessment form has been developed by Council to assist dentists insure themselves in accordance with their needs. This form will be distributed to all dentists in Canada.

Whereas paragraph 22 of this report states that the Special Office Business Package special assessment form will be distributed to all dentists in Canada, and

Whereas the Board of Governors does not agree with this distribution, be it

RESOLVED

That this special assessment form be distributed to all Canadian Dental Association and Provincial Association members.

Adopted

Umbrella Insurance Coverage:

23. Technical difficulties in designing this coverage are being negotiated and the plan hopefully will be available by the Fall of 1975.

MALPRACTICE INSURANCE

24. CNA Assurance Co. (Underwriters) have indicated that there will be an increase in malpractice premium rates because of a general significant increase in claims experience throughout the whole insurance industry. A statement of the increased premium rate structure has not been received to date.

INSURANCE & INVESTMENT

25. The National/Provincial Plan provides for both malpractice and liability coverage in one package. However, because Council anticipates an increase in the malpractice coverage component and because liability coverage can be obtained both economically and separately through the Special Business Office Package sponsored in the General Insurance Program, Council recommends that the liability coverage component be discontinued and seeks Board approval of the following resolution:

RESOLVED

- (1) That the National/Provincial Malpractice Insurance be offered to the dentists (and hygienists) on a separate basis,
- (2) That the liability coverage, formerly provided in the National/Provincial Malpractice/Liability Plan be offered through the National/Provincial Special Business Office Package of the General Insurance Program,
- (3) That "voluntary provincial bodies" be quoted separately from the rates for "compulsory provincial bodies" (because of the degree of participation), and
- (4) That the rates be offered on both an annual and three year basis.

The Board does not agree with the first resolving clause of the above resolution and recommends that the resolution be amended to read:

RESOLVED

- (1) *That the National/Provincial Malpractice Insurance be offered to the dentists on a separate basis,*
- (2) *That the liability coverage, formerly provided in the National/Provincial Malpractice/Liability Plan be offered through the National/Provincial Special Business Office Package of the General Insurance Program,*
- (3) *That "voluntary provincial bodies" be quoted separately from the rates for "compulsory provincial bodies" (because of the degree of participation), and*
- (4) *That the rates be offered on both an annual and three year basis.*

Adopted

Whereas dental auxiliaries are permitted to practice dentistry in varying degrees without the supervision of the dental profession, be it

INSURANCE & INVESTMENT

RESOLVED

That the Board of Governors adopt a policy regarding mal-practice and liability insurance for dental auxiliaries, and that the Executive Council develop this policy statement for presentation to the Board at their next annual meeting.

Defeated

DISABILITY PROGRAM (Income Protection, Office Overhead Expense, Accidental Death and Dismemberment)

26. No changes are contemplated in the immediate future.

RESOLVED

That every effort be made to extend the Disability Program (Income Protection, Office Overhead Expense Accidental Death and Dismemberment) beyond the age of 65.

Adopted

27. Participation is highly satisfactory - approximately 6500 dentists in the program.

Office Overhead Calculator:

28. A standard form has been developed and will be mailed to all dentists in Canada to assist them in determining accurately the degree of coverage they should have.

Loan Protection Plan:

29. A loan protection plan has been developed which provides disability protection on loans. It is available to all graduates at very attractive rates and should assist appreciably in negotiating loans through their banks.
30. A retention statement for the Disability Program appears in Appendix 2. The claims experience for the year 1974 was extremely high and placed the surplus in a 'negative' position. However, the underwriter has indicated to Council that the claims experience for the first five months of this year has been much lower than last, which would place the Retention Surplus Fund in a much more favourable position at the end of 1975.
31. An updated Disability Retention Agreement has been finalized and is ready for signing.

INSURANCE & INVESTMENT

BLUE CROSS PROGRAM (Extended Health)

32. Provincial Blue Cross programs with the exception of that in Quebec are encountering few difficulties. The problems with the Quebec program will be discussed with the Quebec Dental Surgeons' Association in an effort to have them eliminated.
33. No changes in the Blue Cross extended coverage are contemplated in the immediate future.

RESOLVED

That the individual provinces wishing to increase their benefits under the Blue Cross extended Health Care Coverage are requested to present their requests to the C.D.A. Council on Insurance and Investment.

Adopted

REGISTERED RETIREMENT SAVINGS PLAN

Performance Data:

34. (1) 172 new accounts were opened from 1 March 1974 to 28 February 1975 as compared with 257 the previous year. There are at present 1606 accounts in the Plan.
- (2) 1974 contributions amounted to \$2,939,618 as compared with \$3,319,408 the previous year.
- (3) The total value of transfers from other registered plans to the CDA Plan was \$211,729 as compared with \$283,282 in 1973.
- (4) Liquidations in 1974 amounted to \$1,203,920 as compared with \$796,413 in 1973. Details are as follows:

	1974	1973	Percentage Change
Purchase of annuities	490,604	422,986	+ 16.0 %
Transfers to other RRSPs	473,623	215,232	+ 120.1 %
Death benefits	125,021	92,172	+ 35.6 %
Withdrawals	114,672	66,023	+ 73.7 %
	1,203,920	796,413	+ 51.2 %

Guaranteed Fund:

35. After lengthy discussions about the feasibility of dividing the Guaranteed Fund into two funds to accommodate long and short-term investment, it was decided that the mechanics of setting up the fund under this format were impractical if not impossible. The Interim Council therefore directed that the Guaranteed Investment Fund be altered so that unit holders can withdraw or transfer funds after 30 days advance notification, and that arrangements be made with Royal Trust to invest all monies without penalty in 364 day callable guaranteed investment receipts.

INSURANCE & INVESTMENT

36. At the end of one year this strategy will be re-examined with regard to withdrawal experience ratios.

Ontario Dental Association Retirement Savings Plan:

37. Because of administrative difficulties encountered in developing a division of "funds" within their plan, similar to those provided in the CDA Retirement Savings Plan, the ODA requested that they transfer the assets of their plan to the CDA - RSP on behalf of their participants. This transferral should be completed by 31 May 1975. The unit values of the CDA - RSP funds will not be affected in any way by this transferral. Approximately two million dollars in securities and cash reserves in the ODA - RSP are being transferred to the CDA - RSP. Total assets in the CDA - RSP (excluding ODA transferral) as of 30 April 1975 is approximately seventeen million dollars.

Whereas the dentists of Canada have to date invested approximately \$19 million in the C.D.A.-R.S.P., and

Whereas the experts in group investment programs are all agreed that the most successful plans are the most closely watched plans, be it

RESOLVED

That the Investment Committee be established by the Executive Council as a small but separate committee to enable it to concentrate on the C.D.A.-R.S.P. for the dentists of Canada and so ensure the best possible performance.

Adopted

JOURNAL ADVERTISING RE INSURANCE AND INVESTMENT PLANS

38. It came to the Interim Council's attention that the Executive Council had approved an expanded list of advertisers for the Journal including those who might advertise insurance and investment plans that are in conflict with the National/Provincial Plans.
39. The Chairman of the Interim Council appeared before the Executive Council to seek its assistance in preventing the inclusion of Journal ads which are in direct competition with the National/Provincial Plans. It is understood that ads of this kind will now be discouraged.

COMPUTERIZATION OF GROUP PLANS

40. The Retirement Savings Plan has successfully been computerized with the co-operation, and using the facilities of, the Royal Trust, at no initial cost to the plans.
41. The Disability Program is almost completely transferred to the Hallmarc computer system with CNA Assurance Co.

INSURANCE & INVESTMENT

42. Negotiations are under way to expand the life insurance records of Imperial Life (which are on computer) to allow for a complete billing service.
43. Negotiations are under way with Laurier Life Insurance Co. to have their A.I.D. Plan added to the Imperial Life Insurance Co. computer.
44. Paragraphs 40-43 inclusive outline the first stage of the computerization of our plans. It should be carefully noted that Stage 1 of this operation - the initial stage in the computerization of the plans - is essentially complete, with no cost to either the plans or CDSPI.
45. Stage 2 - The Development of "Compass". Initially, although the plans are on a computerized basis, the computerization is being accomplished through the separate systems of the underwriters of the plans. The ultimate goal is to bring all the computerized plans under one "umbrella" system. CNA Assurance Co. is prepared to develop such an all encompassing system for the dental associations which has been named "Compass". This system is still in the stages of negotiation regarding the phases of its development and the related costing.

Whereas computerization of the various group Insurance Plans may seem desirable, but

Whereas no investigative work has been done on an alternative method, be it

RESOLVED

That further computerization of the National/ Provincial group insurance plans be curtailed until the ad hoc committee report (paras. 78(5) & (6) of the Executive Council report) be reviewed and accepted, and further

That this ad hoc committee be instructed to investigate in depth the total ramifications of computerization as to loss of control, portability, practicability, management and effect on the C.D.S.P.I.

Adopted

INSURANCE & INVESTMENT

COUNCIL BUDGET 1976

46. Based on the following three assumptions:

- (1) promotional and administrative costs will be borne by the National/Provincial Insurance and Investment Plans,
- (2) Council composition remains as the Interim Council, e.g., 4 members,
- (3) services provided by CDSPI will be as recommended in Council's brief on the "Administration of the National/Provincial Plans" as submitted to the Executive Council (these details have now been referred to an ad hoc committee - see Executive Council report paras. 78(5) and (6)).

Council's budget requests for 1976 are:

Council meetings - 3 at \$1,867 per	-	\$ 5,601
Interim travel of Councillors to attend		
special meetings	-	2,834
Secretarial services to Council	-	4,730
Total		\$13,165

These budget items were forwarded to the Treasurer as requested.

RESOLVED

That the Insurance and Investment Council's budget for 1976 be deleted.

Defeated

Whereas the C.D.A. is entering an era of non-guaranteed membership, and

Whereas funds for its operation are derived solely from membership dues, and

Whereas it's patently unfair to ask dentists who do not participate in its group insurance plans to assist in funding the activities of the Insurance and Investment Council, be it

RESOLVED

That the Insurance and Investment Council investigate and evolve an approved system of funding their yearly activities from their operating funds, such funding to require yearly approval of the C.D.A. Board.

Adopted

INSURANCE & INVESTMENT

On motion from the floor:

Whereas the ad hoc committee appointed by the Executive Council to study and report on the management and overlapping roles of the Council and C.D.S.P.I. has only one representative from the Council, be it

RESOLVED

That the ad hoc committee be composed of the chairman and a western representative from the Council on Insurance and Investment, the chairman and one other member of C.D.S.P.I. and two members of the Executive Council to be appointed by the President of C.D.A., and further

That the report of this committee be presented to the Executive Council prior to September 30, 1975.

Defeated

National/Provincial Life Insurance Plan

Statement of Retention

Submitted by The Imperial Life Assurance Company of Canada (as Insurer)
and Laurier Life Insurance Company (as Reinsurer)

	From 01 December 1973 to 30 November 1974		From Inception(01.10.69) to 30 November 1974	
	Amounts under \$50,000		Amounts over \$50,000	
Premium Received	\$375,786.97	\$145,415.48	\$1,334,478.34	\$379,044.64
Retention	56,368.05		200,171.75	
Catastrophic Risk Charge	3,757.87		5,274.99	
Contingency Reserve	<u>7,515.74</u>		<u>26,689.57</u>	
	67,641.66		232,136.31	
Claims	117,500.00	25,000.00	402,500.00	75,000.00
Increase in Level Premium Payment Reserve	13,256.50		87,482.75	
Interest	<u>28,678.08</u>		<u>52,556.91</u>	
Balance being Increase in Rate Stabilization Reserve	206,066.89		664,916.19	

INSURANCE & INVESTMENT

A.D. McFarlane, F.C.I.A.
Assistant Actuary - Group Insurance,
The Imperial Life Assurance Company of Canada

C N A ASSURANCE COMPANY

NATIONAL/PROVINCIAL DENTAL ASSOCIATIONS

EXPERIENCE FOR POLICY YEAR

JAN. 1, 1974 TO DEC. 31, 1974

EARNED PREMIUM

\$1,609,576

CHARGES AGAINST PREMIUM

1. Administration Fees	\$ 90,346	
2. Commissions to Soliciting Agents	201,953	
3. Printing Costs	4,352	
4. Insurer's Retention	<u>302,600</u>	599,251

CLAIMS INSURRED

Claims Paid	\$ 565,119	
Reserve for Open and Unreported Claims	<u>1,136,312</u>	1,701,431
Deficit for Policy Year		691,106
Prior Surplus at June 30, 1974	416,355	
Interest to Dec. 31, 1974	<u>18,216</u>	
Accumulated Prior Surplus		434,571
Deficit Carried Forward		- 256,535

NATIONAL/PROVINCIAL DENTAL ASSOCIATIONS

Notes to Policy Year Experience ReportBackground

Past practice has been to take as Earned Premium in the current year the Net Premium Written from October 1 of the prior year to September 30 of the current year. This practice was employed in the Report of the Policy Year ending December 31, 1973.

Commissions and Administration Fees were also calculated using this premium basis.

The new plans were first marketed in November 1973 and coverage provided from as early as November 1, 1973. Thus no premiums, commissions or administration fees for these new plans were charged to the Associations in the 1973 Policy Year Report.

Notes

1. Earned Premium - Experience Report Policy Year Earned Premium for 1974 plus the 1973 Earned Premium on the new plans (Group Codes 370 and 371).
2. Administration Fees - Payable on total premium including premium for optional principal sum benefits. Due to a change in 1974, it is made up of:
 - (1) 5% of all premiums Oct. 1, 1973 to Aug. 31, 1974
 - (2) 5% of all renewals and all CDSPI new business premiums Sept. 1, 1974 to Dec. 31, 1974.
3. Commissions - Paid on all Agency produced business from October 1, 1973 to December 31, 1974. This is the statutory basis required in our Annual Statement to Ottawa.
4. Printing Costs - Include the promotional costs of the new plans in late 1973 as well as the 1974 costs.
5. Insurer's Retention - 18.8% of Earned Premium.
6. Paid Claims - Experience Reports paid claims: paid on incurred in 1974 for all groups plus paid on incurred in 1973 for the new plans (groups 370 and 371).
7. Pending Claims - The reserve basis is the same as that used since 1970 in the prior reports, namely:
 - (i) for claims over 3 months from incurred date, the Commissioners Disability Table at 2½%.
 - (ii) for claims under 3 months an average factor per claim.
8. IBNR Claims - The reserve basis is the same as used since 1970, namely a factor applied to 1974 Earned Premium.
9. Early indications - to end of 3 months - show 1975 running at a lower claims cost rate than 1974. The paid claims for comparable periods are:

Paid in first quarter 1974 on claims incurred in 1974	40,430
Paid in first quarter 1975 on claims incurred in 1975	19,578

LEGISLATION

MEMBERS: H.C. Bugden, Chairman, Ottawa; O.H. Phillips, Ottawa;
J.H. Young, Ottawa

R E P O R T

1. The Registrars of all Corporate Members as well as the National Dental Examining Board of Canada and the Royal College of Dentists of Canada have again been most co-operative in supplying information to this Council for its annual report.
2. A meeting of this Council was held on March 24th to review information received to that date, as well as Federal Bill C2 and the proposed legislation on "Not for Profit Corporations".
3. A summary of the provincial reports, listed geographically from East to West, follows. Comments re the NDEB, the RCD(C) and pertinent federal legislation are also included.

NEWFOUNDLAND

4. There has been no dental legislation passed by the House of Assembly since last year.
5. Concerning denturists, no legislation is likely to be introduced this year, but the Minister has appointed an advisory committee with instructions on the form which the legislation should take. The Committee consists of a denturist and his lawyer, a technician, a dentist, and three members of the public.

NOVA SCOTIA

6. The Nova Scotia Dental Association has proposed amendments to their Dental Act, Chapter 75, revised Statistics of Nova Scotia 1967.
7. These have gone to the Minister of Public Health and have been given first reading.
8. The intent of the amendments is to:
 - (a) Give the Nova Scotia Dental Association the authority to financially back a line of credit with any chartered bank in order to underwrite and financially back the activities of the Nova Scotia Dental Services Incorporated, the professionally sponsored dental service corporation.
 - (b) Enable them to change the time period of collecting payment from delinquent members from two years to a period of ninety days, in keeping with other organizations.
 - (c) Permit the Nova Scotia Dental Association to extend the training and duties of the dental assistant to involve some intra oral procedures, mostly preventive, and so increase productivity of more dental services to more people. To accomplish this an amendment to the Dental Act is necessary. The proposed amendment

LEGISLATION

will enable the Provincial Dental Board to establish, regulate and control dental assistants, subject to approval of the Governor in Council.

- (d) Provide for representation from the Nova Scotia Dental Hygienists' Association on the Provincial Dental Board which regulates the activity of dentists and hygienists.

PRINCE EDWARD ISLAND

- 9. The Dental Association of Prince Edward Island advises that there are no changes in legislation at this time.

NEW BRUNSWICK

- 10. The New Brunswick Dental Society is to present a new dental act to the New Brunswick Legislature for this session. There is no further information at this time.

QUEBEC

- 11. The Order of Dentists of Quebec advises that at this time there is no new information relative to Provincial legislation. The transition period for the application of Bills 250 and 254 has been extended until October 1st, 1975.

ONTARIO

- 12. The Royal College of Dental Surgeons of Ontario advises that: The Denture Therapist's Act, 1974 was proclaimed by Lieutenant-Governor in Council in January, 1975. There are presently 318 denture therapists licenced in Ontario.
- 13. The Health Disciplines Act, was given third reading on June 28th, 1974 but has not, as yet, been proclaimed. The latest tentative date for proclamation of this Act is July 1st, 1975.

MANITOBA

- 14. The Manitoba Dental Association advises that there is no legislation pending in their province at this time.

SASKATCHEWAN

- 15. In November of 1974 the Council of the College of Dental Surgeons of Saskatchewan passed a By-law which recommended that the National Dental Examining Board requirements be the sole requirements for non-Canadian graduates in Saskatchewan (excluding, where applicable, staff members at the University of Saskatchewan). This was duly reported to the Secretary of the Legislative Assembly in Regina, and in February 1975, the Council was strongly requested by the Provincial Minister of Health to repeal this amendment, which they agreed to do (i) for the benefit of the American graduates; (ii) if a committee, under their auspices was set up to fully study licencing legislation. The amendment was

LEGISLATION

repealed in April 1975.

16. The provincial government has established a Dental Nurses Technical Review Board, the general functions of which are as follows:
 - (a) To hear and advise on appeals from dentists.
 - (b) To recommend a policy on quality-control, clinical reviews, etc.
 - (c) To recommend policy on the assessment of fee for service claims.
 - (d) To recommend guidelines for the provision of specific services beyond the approved list.
 - (e) To recommend a list of approved dentists for referral of complex dental situations.
 - (f) To perform other functions as may be determined by the Minister or the Executive Director of the Saskatchewan Dental Plan.

ALBERTA

17. The Lieutenant-Governor in Council finally approved requested amendments to the By-laws of the Alberta Dental Association which in a general way were mentioned in our report to the previous meeting of the Board.
18. These various amendments provide for: an associate members' register, a teacher and research register; giving the president a second vote and tie breaking vote at either the annual meeting or at a meeting of the board of directors; prohibiting or limiting certain announcements in the news media, telephone, directory, etc; becoming a life member after 40 years in practice; increasing the annual fees to \$300.00 per member and half that for life members. These amendments are of a "house cleaning" nature.
19. Two other amendments are of interest:

By-law 16 Provides that a member must have a minimum amount of continuing education over a 5 year period to be eligible for a renewal of annual licence. (Note: This is being done on a "points" system.)

and By-law 17 Provides legislation which allows a certified dental assistant or other person holding a permit issued under the By-law and trained in those procedures to undertake such intra oral procedures as are listed on her certificate. (Note: Mostly of a preventive nature.)

BRITISH COLUMBIA

20. The College of Dental Surgeons of British Columbia reports no new items with regard to legislation.

LEGISLATION

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

21. The N.D.E.B. has no new legislation to report nor is it anticipating any in the near future.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

22. The Executive Secretary advises that recently the Executive Committee of the Royal College met with members of the N.D.E.B. and draft proposals for a specialty certificate were amended. These will, in June, go before the Annual Meeting of the Council of the College, and the Board Meeting of the National Dental Examining Board. If agreement is reached and some of the provinces accept the idea, it might be that the portable specialty certificate could be available for candidates who have successfully passed the Colleges Part I examinations, in mid June.

FEDERAL LEGISLATION

23. Bill C-2, an Act to Amend the Combines Investigation Act, being similar to the former Bill C-7, the "Competition Act", is presently before the House and also being studied by the Standing Senate Committee on Banking, Trade and Commerce in advance of the said Bill coming before the Senate.
24. From our point of view at this time nothing has been changed in the clauses relating to the profession, but changes could be made.
25. Proposed new legislation on "Not for Profit Corporations" is not yet before the House. It will hopefully recognize that associations are different from other corporate bodies, and will be advantageous for the Canadian Dental Association if eventually passed.
26. This Council is, as always, appreciative of the quick response of those bodies from whom information is requested and wishes to thank them accordingly.

This report is informative. No resolutions are submitted.

Council is commended for its extensive work throughout the past year.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

MEMBERS: D.B. Proctor, President, Winnipeg; G. Kravis, Registrar, Ottawa; J.M. Calvert, Vice-President, Edmonton; Mrs. J. Matte, Executive-Secretary, Ottawa; N.J. Layton, Truro; W.F. Hancock, Fort Au'Appelle; R.B. deWare, Moncton; W.J. O'Driscoll, St. John's; K.A. MacEachern, Charlottetown; R. Coulombe, Lachine; G.A. Freeze, North Vancouver

R E P O R T

NDEB SPECIALISTS' CERTIFICATE

1. The draft proposals for issuing an NDEB specialists' certificate have been worked out between the RCD(C) and the NDEB and are before the provincial licensing bodies for review. Hopefully, a final agreement in this matter will be reached in June 1975.

NDEB CERTIFICATES ISSUED IN 1974

2. (a) Current graduates of Approved Canadian Schools (no examination)	409
(b) Graduates of Approved Canadian Schools before 1971 (written examination)	9
(c) Graduates of U.S.A. Approved Schools (written examination)	40
(d) Graduates of Unapproved schools (foreign dentists)	16
TOTAL	474

APRIL 1975

NATIONAL DENTAL EXAMINING BOARD OF CANADA

EXAMINATION DATA

1971 - 1974

I - APPROVED SCHOOLS⁽¹⁾ (Canadian and U.S.A. Graduates)

Year	U.S. Graduates			Canadian Graduates		
	# of Cand.	Successful	Percentage	# of Cand.	Successful	Percentage
1971	22	18	82	12	4	33
1972	40	36	90	11	8	73
1973	30	25	83	12	10	83
1974	44	40	91	9	9	100
TOTALS	133	116	87	44	32	73

(1) Candidates of Approved schools are required to take a written examination.

II - UNAPPROVED SCHOOLS ⁽²⁾ (Foreign Dentists)

Year	Written ⁽³⁾			Preclinical ⁽³⁾			Clinical ⁽³⁾		
	# of Cand.	Successful	%	# of Cand.	Successful	%	# of Cand.	Successful	%
1971	41	22	54	22	20	91	20	4	20
1972	44	26	59	26	18	70	27	9	30
1973	49	22	45	23	18	78	24	8	30
1974	45	27	60	27	23	85	37	16	43
TOTALS	179	97	54	98	79	81	108	37	34

(2) Candidates of Unapproved schools are required to take a comprehensive examination i.e. written, preclinical and clinical.

(3) Due to supplementals, there may be discrepancies in the number of candidates shown.

NECROLOGY

RECORDS DEPARTMENT

Miss A.M. Cowling

R E P O R T

Since the last Annual Meeting of the Canadian Dental Association the deaths of the following members have been recorded:

AKAYE, Hiroshi Robert, Western Dental College, Kansas City '48	Toronto, Ontario
ARCHAMBAULT, Louis Emile, Montreal '52	Montreal, P.Q.
BEATTIE, Herbert James, R.C.D.S. '24	Napanee, Ontario
BEDROSIAN, George Adam - Toronto '61	Guelph, Ontario
BELANGER, Alfred - Montreal '36	Roberval, P.Q.
BOURGEOIS, Ernest M. - Baltimore '26	Moncton, N.B.
BOYD, Charles Thomas, R.C.D.S. '24	Gladstone, Manitoba
BROWN, Harry Knowlton - Alberta '30	Ottawa, Ontario
CLARK, Alexander McCoy - R.C.D.S. '20	Kingston, Ontario
CLARKE, George Frederick - Philadelphia '13	Woodstock, N.B.
COTE, Gilles Hubert - Montreal '58	Notre-Dame-du-Nord, P.Q.
CURTIS, David Lloyd - R.C.D.S. '23	Lindsay, Ontario
CUZACQ-HALL, Genevieve - Montreal '67	Montreal, P.Q.
DAVIDSON, Benjamin Gordon - R.C.D.S. '21	Montreal, P.Q.
DESJARDINS, Jean-Louis - Montreal '39	Ste-Therese de Blainville, P.Q.
DONOHUE, Arthur Timothy - McGill '32	Montreal, P.Q.
DUKE, Leonard Andrew - Alberta '54	Calgary, Alberta
EGAN, John Cameron - Toronto '27	Toronto, Ontario
EGGERS, Leonard L. - Northwestern '39	Vancouver, B.C.
FERLAND, J. Mathias Aristide - Montreal '22	Victoriaville, P.Q.
FRENCH, Harold Grant - R.C.D.S. '17	Dresden, Ontario
FRANCIS, Lyman Elwood - McGill '49	Montreal, P.Q.
GANSNER, John - Temple '16	Whiterock, B.C.
GEDDES, Donald Currie - Toronto '36	London, Ontario
GOWDA, Faust - Alberta '28	Edmonton, Alberta
GRADY, Louis King - Oregon '25	Vancouver, B.C.
HALL, Ralph Watson - R.C.D.S. '19	Vancouver, B.C.
HANNAH, Samuel - Oregon '31	Vernon, B.C.
HARPER, Grant Errol - R.C.D.S. '23	St. Jacobs, Ontario
HILL, Douglas John - Dalhousie '29	Kirkland Lake, Ontario
HUDON, Valmore J. - McGill '25	Candiac, Quebec
JARRETT, Montague Elliott - Toronto '26	Fergus, Ontario
JOHNSON, Joseph Harker - R.C.D.S. '25	Toronto, Ontario
JULIAN, William Garnet - Toronto '65	North Bay, Ontario
KEITH, William Fraser - Dalhousie '22	Bassano, Alberta
LAPEDIS, Myer - McGill '50	Westmount, P.Q.
LEGATE, Harry Burton - R.C.D.S. '21	Owen Sound, Ontario

NECROLOGY

LUCE, Warren Urbain - Baltimore '17
LUNDY, Benjamin - R.C.D.S. '20

MAITLAND, Arthur Wendell - Montreal '18
MANSEAU, Paul - Montreal '24
MARCOUX, Jean - Laval '17
MARSHALL, John T. - Dalhousie '41
MARTIN, Vincent Alexander - R.C.D.S. '23
McCARRON, Peter Francis - Dalhousie '51
McCORD, David W. - R.C.D.S. '23
McKENNA, Arthur Charles - R.C.D.S. '10
McLELLAN, Adam Johnson - R.C.D.S. '23
MORIN, Yves - Montreal '53
MURCHIE, William Kenneth - North Pacific '27
MURPHY, James Ambrose - R.C.D.S. '24

NEWITT, William Stewart - North Pacific '18
NEWMAN, Dolphy I. - North Pacific '27
NICKELLS, Benjamin Ernest - North Pacific '23

PERREAULT, Paul Emile - Montreal '24
PHILP, William Barry Lee - Alberta '72
PLAMONDON, Gerard - Montreal '24

ROACH, Herbert Charles - R.C.D.S. '19
ROCHON, Gustave - Montreal '44
ROODMAN, Harry Abraham - R.C.D.S. '24
ROYER, Lucien - Montreal '37
RYLANDS, Donald Allen - Alberta '40

SARIN, Chaitan Sroop - Toronto '69
SMITH, Frederick Robert - R.C.D.S. '23
SPENCE, James Bruce - Toronto '51
STAITE, Eric Kingsley - Toronto '50
STARR, Frederic Albert Evans - R.C.D.S. '23
STEFANSON, Gary Alan - Manitoba '66
STEWART, Alexander Austin - Toronto '28
STULTS, Guy Nobles - Dalhousie '18
SULLIVAN, Clifford - R.C.D.S. '24

TWIBLE, Robert Lawrence - Toronto '31

VAN ALSTYNE, William - McGill '56

WEBSTER, Arthur Sparling - North Pacific '26
WHALEY, Erle Franklin - R.C.D.S. '16
WILSON, Victor Stewart - R.C.D.S. '23
WOOD, Murray Campbell - R.C.D.S. '25
WRIGHT, Charles - R.C.D.S. '11
WRIGHT, Lloyd Harrison - R.C.D.S. '22

Tracadie, N.B.
Toronto, Ontario

Vimont, Laval, P.Q.
Montreal, P.Q.
Sherbrooke, P.Q.
Toronto, Ontario
Kingston, Ontario
Bedford, N.S.
Winnipeg, Manitoba
Ottawa, Ontario
Athens, Ontario
Normandin, P.Q.
Maple Bay, B.C.
Elgin, Ontario

Vancouver, B.C.
Saskatoon, Sask.
Victoria, B.C.

Montreal, P.Q.
Calgary, Alberta
Montreal, P.Q.

Toronto, Ontario
Montreal-Nord, P.Q.
Ottawa, Ontario
Fort Chambly, P.Q.
Lethbridge, Alberta

Dundas, Ontario
Saskatoon, Sask.
Listowel, Ontario
Brockville, Ontario
London, Ontario
Winnipeg, Manitoba
Scarborough, Ontario
Halifax, N.S.
Toronto, Ontario

Toronto, Ontario

Glencoe, Ontario

Victoria, B.C.
Toronto, Ontario
Lindsay, Ontario
Toronto, Ontario
Newmarket, Ontario
Stettler, Alberta

NOMINATIONS

MEMBERS: H.L. Mussells, Chairman, Montreal; D.C. Clee, Toronto;
L. Bernier, Quebec City; W.R. Upton, Vancouver

R E P O R T

1. Appendix 1 to this report provides a list of all eligible nominees for vacant offices, prepared in accordance with Article XIV, Section 4(1) of the By-Laws.
2. Council wishes to express its appreciation to all those who have been willing to allow their names to stand in nomination.
3. The Board is reminded that by Article XI, Section 8(j), the Executive Council is empowered to select Council Chairmen from the Council members elected by the Board.

C.D.S.P.I.

4. In 1973 the Board directed that the six CDA representatives to CDSPI be elected annually. (1973T63-64)
5. Because of the timing of the Annual CDA Board Meetings in relation to the timing of the Annual Meetings of the CDSPI Board, the annual election of CDA representatives has proven to be impractical. They are elected almost a year before they are required to function. Also, there is little opportunity for continuity. It is therefore

RESOLVED

That beginning with the 1975 elections CDA representatives to CDSPI be elected for terms of 3 years, renewable once.

Adopted

COUNCIL ON NOMINATIONS

6. The Board is reminded that the Council on Nominations comprises three members elected by the Board, plus the President-elect who serves as chairman. The By-Laws state that the membership of the Council should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations for a term of three years shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

L. Bernier 1976(1)
D.C. Clee 1977(2)
W.R. Upton 1975(1) - completing first term; eligible for re-election.

On nomination from the floor:

M. Charendoff - Toronto
W.R. Upton - Vancouver

NOMINATIONS

EXECUTIVE COUNCIL

7. Dr. M.J. Cipton being the single nominee to the office of President-elect will assume this office without contest.
8. There are therefore three vacancies to be filled on the Executive Council.

ELECTIONS

9. Unless otherwise directed the elections will take place as noted on the Board's agenda Saturday morning, August 16.

ELECTED OFFICERS, OFFICIALS AND COUNCIL MEMBERS

10. A complete list of elected officers, officials and council members is attached as Appendix 2 to this report.

On motion from the floor following the elections:

RESOLVED

That the election ballots be destroyed.

Adopted

Appendix 1

NOMINATIONS

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Chairman of the Board</u> <u>Incumbent - W.P. Munsie</u>	Elected annually	Individual or Honorary Member	1 year	<i>W.P. Munsie, Vancouver</i>
<u>President-Elect</u>	Elected annually	Voting member of the Board of Governors	1 year	<i>M.J. Crompton, Moncton</i>
<u>Executive Council</u> <u>(3 vacancies)</u>	Replacing Drs. D.C. Clee, S. Silver (who are completing 1st. terms) and Dr. M.J. Crompton (only nominee for President-elect). Past-President Abra retires from Council.	Member of the Board of Governors	2 years	<i>C. Dexter, Halifax</i> <i>R.A. Gray, Medicine Hat</i> <i>R.L. Moran, Toronto</i> <i>S. Silver, Montreal</i>
<u>Council on Constitution and By-laws</u> <u>(2 vacancies)</u> Incumbent - P.S.Christie Incumbent - W.J.Spence	Completing 1st. term Completing 1st. term	CDA Member	3 years	<i>P.S. Christie, Halifax</i> <i>W. Heaslip, Toronto</i> <i>I. Hrabowsky, St. Catharines</i> <i>W.J. Spence, Toronto</i>
<u>Council on Education</u> <u>(2 vacancies)</u> Incumbent - W.H.Feasby Incumbent - E.R.Ambrose	Completing 1st. term Completing 1st. term	Both are active members of a faculty of a Can. dental school.	3 years	<i>E.R. Ambrose, Montreal</i> <i>W.H. Feasby, London</i>

NOMINATIONS

Appendix 1, cont'd.

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Council on Ethics</u> (1 vacancy)				
Incumbent - R.A. Epstein	Completing 1st. term	CDA Member	3 years	R.A. Epstein, Halifax
<u>Council on Health Care</u> (2 vacancies)				
Incumbent - J.W. MacKay	Completing 1st. term	Corp.mbr. rep from Sask.	3 years	J.W. MacKay, Saskatoon
Incumbent - S. Norquay	Completing 1st. term	Corp.mbr. rep from Man.		B. Goldberg, Winnipeg
<u>Council on Hospital Services</u> (3 vacancies)				
Incumbent - K.C. Bentley	Completing 2nd. term	CDA Member	3 years	L.H. Caslake, Bridgewater, N.S. M. Gornitsky, Montreal L.K. Jinks, Vancouver J.H.P. Main, Toronto R. Mulrooney, Toronto P. Surprenant, Sherbrooke
Incumbent - G.K. Hurd	Completing 2nd. term			
Incumbent - P. Surprenant	Completing 1st. term			
<u>Council on Information Services</u> (3 vacancies)				
Incumbent - D.V. Allen	All three are completing terms of resigned members.	CDA Member	3 years	M. Charendoff, Toronto C. Chicoine, Montreal A.E. MacLeod, Halifax
Incumbent - C. Chicoine				
Incumbent - G.E. Sparrow				

CDA ELECTIVE OFFICES - 1975

Appendix 1, Cont'd.

NOMINATIONS

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Council on Legislation</u> (1 vacancy)				
Incumbent - O.H. Phillips	Completing 1st. term	CDA Member	3 years	O.H. Phillips, Ottawa
<u>Nominations Council</u> (1 vacancy)				
Incumbent - W.R. Upton	Completing 1st. term	Membership should be geographically representative.	3 years	Nominations will be received from the floor at the Annual Meeting.
<u>Council on Research</u> (6 vacancies)				
Incumbent - A.P. Angelopoulos	Completing 2nd. term			S.M. Borden, Winnipeg S.M. Brayton, Halifax J. deVries, Montreal D.G. Gardner, London K.A. McMurchy, Edmonton G.H. Sperber, Edmonton J.G. Silver, Vancouver
Incumbent - N.R. Thomas	Completing 2nd. term			
Incumbent - H.M. Dick	Completing 2nd. term			
Incumbent - S.M. Borden	Completing 1st. term			
Incumbent - J. deVries	Completing 1st. term			
Incumbent - J.G. Silver	Completing term of resigned member.	Geographic representation if possible	3 years	
<u>Canadian Dental Service Plans Inc.</u> (6 vacancies)				
Incumbent - Y.J. Cantin				Y.M. Cantin, Rawdon H.T. Donnelly, Sudbury R. Dupont, Montreal A.J. Harris, London I. Hrabowsky, St. R. Huggill, Toronto T.D. Ingham, Halifax I.A.L. Millar, Montague, P.E.I. R. Rasmussen, Calgary O.F. Wright, Vancouver
Incumbent - R. Dupont				
Incumbent - C.R. Hill				
Incumbent - I. Hrabowsky				
Incumbent - R. Rasmussen				
Incumbent - O.F. Wright				
	All 6 members were elected for a term of one year. (See paragraph 5 of report.)	(see paragraph 4 of report)	(See para. 5 of report.)	

ELECTED OFFICERS, OFFICIALS, COUNCILS
1975-76

President H.L. Mussells, Montreal
 President-elect M.J. Cipton, Moncton
 Immediate Past President J.F. Reid, North Vancouver
 Chairman of the Board W.P. Munsie, Vancouver

COUNCILS

Executive	H.L. Mussells, Montreal, Chairman M.J. Cipton, Moncton J.F. Reid, North Vancouver R.A. Gray, Medicine Hat R.L. Moran, Toronto D.L. Rife, Toronto S. Silver, Montreal	1977(1)* 1977(1) 1976(1) 1977(2)
Constitution and By-Laws	H.R. MacLean, Edmonton H. Brouillet, Montreal P.S. Christie, Halifax W. Heaslip, Toronto	1977(2) 1976(2) 1978(2) 1978(1)
Education	W.H. Feasby, London E.R. Ambrose, Montreal R. Coulombe, Lachine, P.Q. G.E. Decker, Edmonton A.G. Hannam, Vancouver F.B. Lavoie, Sudbury L.G. Mandin, St. Paul, Alta. J.D. McLean, Halifax G.A. Freeze, North Vancouver	1978(2) 1978(2) 1976(1) 1976(2) 1976(1) 1977(1) 1976(2) 1976(1) 1977**
Ethics	J.P. Beattie, Winnipeg M.B. Archambault, Montreal R.A. Epstein, Halifax G.H. Peacock, Saskatoon R.J. Warshawski, Vancouver	1976(1) 1976(1) 1978(2) 1977(1) 1977(1)
Health Care	R.G. Dickson, Drumheller R. Crawford, Sarnia C.P. Daly, St. John's J.T. Dowd, Moncton D.A. Eisner, Halifax B. Goldberg, Winnipeg P.J. Kirby, Edmonton D.E. MacFarlane, Vancouver J.W. MacKay, Saskatoon J.R. Robertson, Summerside S. Silver, Montreal	1976(1) 1977** 1977(2) 1977(2) 1977(2) 1978(1) 1976(1) 1976(1) 1978(2) 1976(1) 1976(1)

*indicates first term
of office, expiring
in 1977.

**indicates member
filling unexpired
term

Hospital Services	S.M. Claman, Winnipeg	1977(2)
	J.H.P. Main, Toronto	1978(1)
	R. Mulrooney, Toronto	1978(1)
	A.G. Parnell, London	1977(2)
	P. Surprenant, Sherbrooke	1978(2)
Information Services	W.B. Chapple, Port Hope	1977(1)
	M. Charendoff, Toronto	1978(1)
	C. Chicoine, Montreal	1978(1)
	K.L. Croft, Vancouver	1977(1)
	A.E. MacLeod, Halifax	1978(1)
Insurance and Investment	D.M. Diner, Montreal	1976**
	R.M. Beyers, Kitchener	1977(1)
	F.J. Furlong, Windsor	1977(2)
	R.A. Hugill, Toronto	1977(2)
	R. Rasmussen, Calgary	1976(2)
	D.C. Steeves, Moncton	1976(2)
Legislation	O.F. Wright, Vancouver	1977(2)
	J.H. Young, Ottawa	1977(1)
	H.C. Bugden, Ottawa	1976(2)
Nominations	O.H. Phillips, Ottawa	1978(2)
	M.J. Crompton, Moncton, Chairman	
	L. Bernier, Sillery, P.Q.	1976(1)
	D.C. Clee, Toronto	1977(2)
Research	W.R. Upton, Vancouver	1978(2)
	S.M. Borden, Winnipeg	1978(2)
	S.M. Brayton, Halifax	1978(1)
	P.C. Desautels, Montreal	1977(2)
	J. deVries, Montreal	1978(2)
	D.G. Gardner, London	1978(1)
	D.L. Singer, Saskatoon	1977(1)
	J.G. Silver, Vancouver	1978(1)
	D.C. Smith, Toronto	1977(1)
	A.M. Hunt, Toronto	1977(1)
CDA Representatives to CDSPI	Y.M. Cantin, Rawdon	1978(1)
	H.T. Donnelly, Sudbury	1978(1)
	R. Dupont, Montreal	1978(1)
	A.J. Harris, London	1978(1)
	I. Hrabowsky, St. Catharines	1978(1)
	I.A.L. Millar, Montague, P.E.I.	1978(1)

ORAL PATHOLOGY S

EXECUTIVE: J.R. Trott, President, Winnipeg; J.P. Sapp, President-Elect, London; W. Donoghue, Vice-President, Montreal; B. Harsanyi, Secretary, Halifax; T.P. McCrory, Treasurer, Montreal; J.H.P. Main, Immediate Past President, Toronto

R E P O R T

1975 ANNUAL MEETING

1. The 1975 Annual Meeting was held in Kansas City, Mo., from April 21st to 25th, coincident with the annual meeting of the American Academy of Oral Pathology.
2. The President, Dr. J.H.P. Main, announced that section status in the CDA having been established in 1974, the gratitude of the Society should be recorded to his predecessors in office, and to Dr. W.G. Young, Secretary, for their efforts in this regard.
3. The current status of discussions with the Royal College of Dentists of Canada was reported.
4. Two new active members were elected.
5. It was agreed, on the suggestion of Dr. R.A. Brooke, to circularise the members of the Canadian Academy of Oral Medicine drawing it to their attention that they may become members of this Academy if they have received formal training in oral medicine or oral diagnosis to an appropriate level.

1976 ANNUAL MEETING

6. This will be held in Atlanta, Ga., April 5th to 9th, 1976.

This report is informative. No resolutions are submitted.

The Canadian Academy of Oral Pathology is commended for its extensive work throughout the year.

EXECUTIVE: D.W. Stoneman, President, Toronto; C.G. Baker, President-Elect, Toronto; A. Ruprecht, Secretary, London; Y. Panneton, Treasurer, Quebec; J.A. Reid, Past-President, London

R E P O R T

1975 ANNUAL REPORT

1. This is the first Annual Report of the Canadian Academy of Oral Radiology to the Canadian Dental Association.
2. The C.A.O.R. has been in communication with the C.D.A. concerning the proposed change in membership categories that would require active membership within sections to be limited to those members who are members of the C.D.A.
3. Because of our potential membership in this active category, which could include Radiation Physicists, Radiation Biologists, Medical Radiologists, etc., the Canadian Academy of Oral Radiology wishes to re-affirm its earlier position which stated that we do not approve of a blanket statement prohibiting any non-members of the C.D.A. from holding active membership within the C.A.O.R.

Concern is expressed in paragraph 3 of this report regarding compulsory membership in the CDA but as this item is covered in paragraph 60 of the Executive Council report, it will be dealt with on consideration of that report.

4. Our feelings on this matter are that as long as someone is eligible for C.D.A. membership by virtue of being a practising dentist within Canada, he should belong to the C.D.A. Should he be a member outside Canada, he must belong to the National Dental Association of that country. If he does not qualify under either of these two categories, it is not necessary for him to belong to a national dental association.
5. This report is respectfully submitted to the C.D.A. March 18, 1975.

This report is informative. No resolutions are submitted.

The Canadian Academy of Oral Radiology is commended for its extensive work throughout the year.

ORAL SURGERY S

EXECUTIVE: S.M. Claman, President, Winnipeg; F.W. Lovely, President-Elect, Halifax; U.R. Claman, Secretary, Winnipeg; V.K. Seth, Treasurer, Vancouver; S. Weinberg, Past-President, Toronto

R E P O R T

1974 MEETING

1. The annual meeting was held in Toronto in conjunction with the combined specialties' meeting under the sponsorship of the R.C.D.(C.). The meeting was well attended and was very successful.

1975

2. The meeting this year is to be held at Jasper National Park. Clinical presentations will be made by Dr. Daniel, Laskin, and Dr. Worth as well as members of the Society.
3. A more detailed study of dental services, fees, insurance involvement and medicare influence on oral surgery practice is to be discussed.
4. Revisions of the By-laws and Constitution of the Society will be reviewed in preparation for presentation to the C.D.A. These revisions include changes in the executive structure, membership requirements and restructuring of practice requirements.
5. There will also be discussion on the future format of C.S.O.S. meetings and the C.D.A. meeting. It is hoped a method of C.D.A./C.S.O.S. co-ordination of meetings can be determined.
6. It should be noted that fifteen new members were initiated into the C.S.O.S. in 1974 and 1975.

The Board awaits with interest the Section's suggestions for CDA/CSOS coordination of meetings.

This report is informative. No resolutions are submitted.

ORTHODONTIC S

EXECUTIVE: D.A. Eisner, Halifax, President; R. Mullen, Edmonton, President-Elect; R. Pileski, Hamilton, Vice-President; J.J. Schachter, Saskatoon, Secretary-Treasurer

R E P O R T

1974 MEETING

1. The 1974 Annual Meeting of the Canadian Association of Orthodontists was held in Toronto, October 5-6, 1974 just prior to the Canadian Dental Association's Convention. An inter-specialty conference was held on October 4th.
2. The Grieve Memorial Lecture was presented by Dr. Robert Moyers on October 7th.
3. New members were elected to membership bringing the total membership to 222.
4. A motion was approved that the annual meeting and scientific sessions for 1975 be held in St. John's, Newfoundland, just prior to the Annual Convention of the Canadian Dental Association.
5. A motion was passed that Dr. Ron Pileski investigate the possibility and feasibility of holding an international meeting in Toronto in 1977 at the time of the CDA-FDI International Meeting.
6. It was recognized that transfer cases are a continuing occurrence and that every effort be made to facilitate the patient's treatment. A motion was passed that the case transfer forms presently being used be assessed with the view to determining if a different form might be more appropriate.
7. The geographic distribution and number of orthodontists was noted. It was suggested that this matter receive the attention of the component societies with the view to obtaining an up-to-date assessment of the ratio of orthodontists to population in various parts of the country.

1975 MEETING

8. The 1975 annual meeting will be held in St. John's, Newfoundland, August 14-17, just prior to the Annual Convention of the Canadian Dental Association.
The Board notes with pleasure the annual meeting of the Academy is being held in St. John's, Newfoundland, just prior to the annual convention of the Canadian Dental Association.
9. The Grieve Memorial Lecture will be given by Dr. R.B. Ross, Toronto, Canada.
10. Major clinicians are Dr. D.G. Woodside, Toronto, Canada; Dr. A.E. Eastwood, London, Ontario; Dr. C. Remise, Montreal, Canada.

This report is informative. No resolutions are submitted.

The Canadian Association of Orthodontists is commended for its extensive work throughout the year.

PAEDODONTIC S

EXECUTIVE: B.A. Richardson, President, Kitchener; R.S. Margolis, Past-President, Edmonton; G.M. Jinks, Vice-President, Vancouver, F. Pulver, Secretary-Treasurer, Toronto

R E P O R T

1. The Canadian Academy of Paedodontics was a co-sponsor of the Scientific Meeting in Toronto on October 4, 1974, under the auspices of the Royal College of Dentists of Canada.
2. The annual business meeting was held on October 4, 1974 at the Hyatt Regency Hotel in Toronto. There were twenty members present and four student observers.
3. The Academy wishes to thank the Canadian Dental Association for the financial assistance for the 1974 program realized through the shared registration arrangement.
4. Membership has continued to increase during the past year. The greatest increase being from the Province of Quebec. We now have 63 active members and 16 new applicants giving us an increase of 23%.
5. During the year three newsletters were sent to the membership and good, good communication has taken place.

The Board notes with pleasure that the Academy has increased its membership substantially in the past year, particularly in the Province of Quebec.

6. The reports of our delegates to the Canadian Dental Association meeting on Dental Auxiliaries January 23-25, 1974, were discussed at our business meeting and distributed through one of our newsletters to all our membership.
7. Our 1975 Annual Meeting will be held in Toronto in conjunction with the first Canadian Congress of Dentistry for Children - May 17 and 18, 1975. Our Academy is one of the three co-sponsors of this meeting, along with the Ontario Society of Paedodontics, another Ontario chapter, Canadian Society Dentistry for Children.
8. Our annual business meeting will take place on Sunday May 18, 1975 at the Four Seasons Sheraton Hotel in Toronto. Our membership survey has indicated that at least 45 members will be present at this meeting and the Congress.
9. Our Secretary-Treasurer, Dr. F. Pulver, will be our delegate to the Board of Governors meeting of the Canadian Dental Association in St. John's, Newfoundland, August 1975. This decision was reached at our last business meeting.

10. Our Academy is actively pursuing the possibility of hosting the International Association of Dentistry for Children, of which we are a member organisation. We will be represented at their meeting this year in Herzelia, Israel, in July 1975, by Dr. G.Z. Wright of London, Ontario. The Canadian Government, Office of Tourism, is supporting this project.

This report is informative. No resolutions are submitted.

The Canadian Academy of Paedodontics is commended for its extensive work throughout the year.

PERIODONTICS S

EXECUTIVE: J. Findlay, President, Halifax; J. Hicks,
President-elect, Hamilton; F.C. Lackie,
Secretary, Toronto

R E P O R T

1974 ANNUAL MEETING

1. Last year's annual meeting was held in Toronto, at the Hyatt Regency Hotel on Saturday, October 5, 1974. This followed a most interesting combined specialties meeting held in the same hotel on the 3rd and 4th of October. There were fifty members present at the Annual Meeting, despite the fact that it conflicted with the meeting of the American Academy. The scientific program, organized by Dr. R.S. Turnbull, was excellent.

MEMBERSHIP

2. There are 85 active members, associate members remaining at 29 and honorary members at 2. Our members represent all provinces except New Brunswick, Prince Edward Island and Newfoundland.

OFFICERS

3. Dr. Lackie took over the position of Secretary from Dr. J.D. Stewart, who was our most efficient and respected executive secretary for ten years. Dr. Stewart was presented with an Eskimo carving as a token of the Academy's appreciation.

1975 ANNUAL MEETING

4. Dr. Fred Muroff is the program chairman for the 1975 meeting. This meeting is to be held at Le Chateau, Montebello, Quebec, from 29th May to 1st June, 1975.

This report is informative. No resolutions are submitted.

The Section is commended for its activities during the year.

PRESIDENT

1. It is my great honour and pleasure to welcome you to this 74th annual meeting of the Board of Governors of the Canadian Dental Association here in St. John's, Newfoundland. Since the C.D.A. has, in recent years, been holding its own convention, it has truly represented the national character of our Organization from sea to sea.

CONVENTION COMMITTEE

2. The planning of this convention has been under the chairmanship of "Mr. Convention", Dr. Murray Cornish. His committee has worked long and hard on your behalf. An integral part of the national convention committee is the local arrangements committee. Dr. Gordon Anthony and, I'm sure, every dentist and dentist's wife in Newfoundland, have spared no effort to produce a most excellent meeting and convention. To these people I extend my congratulations and heart felt thanks.

BOARD OF GOVERNORS

3. Each year some familiar faces are missing from the Board as terms of office are completed. To those who have retired I would like to express my sincere appreciation for their efforts on behalf of the Association. To the new representatives in our ranks a most hearty welcome is extended. You are urged to become knowledgeable in the deliberations of the Board and to enter freely into all its discussions. Following action of the Special Meeting of the Board, March 1975, we extend a special welcome to the new voting member from the Canadian Armed Forces, Brigadier-General L.G. Craigie, and to Mr. J. Pate, the student representative who, for the first time, will have a vote at the annual board meetings.

COUNCILS

4. A major share of the work of the Association is carried out by its Councils. In the last few years however, the priorities of the Councils and of the activities within the Councils have been put to question. The findings of the Task Force, plus serious budgetary problems, prompted the Executive Council to place a moratorium on all but essential Council duties. All Council chairmen were most co-operative and when a review of the priorities requested of them is complete, activities may proceed on a more meaningful basis. Even so, a great deal has been done and I wish to extend to Council chairmen and their members, my sincere thanks.

TASK FORCE

5. With this report having been so well studied by the Board and circulated to the profession, further comment is not necessary. It has proven to be a timely study and although its recommendations were not accepted in total at the Special Meeting of the Board last March, many have already been implemented and others await by-law drafting by the Council on Constitution and By-laws prior to implementation.

PRESIDENT

OTTAWA BUILDING

6. Five years ago the Executive Council recommended to the Board that an ad hoc committee be formed to study all aspects of moving C.D.A. Headquarters to Ottawa. It is with great pride that I can say that the recommendations of that committee are now coming to fruition - the building is now being constructed. Committing one's Association to an expenditure of this magnitude takes courage and I commend the Executive Council for their action. The big decision has been made - the details will fall in line. If we had kept fussing around with plans, studies and cost ratios any longer the C.D.A. would remain forever in its maize of inadequate, illplanned, insufferable, space. We had to move while the option was still open or we would have been too late.

VISITATIONS

7. While budgetary limitations somewhat curtailed travel this year, I visited a good number of areas throughout the country. In all instances I was received most cordially and granted the warmest hospitality. While this is due in large measure to the esteem of office, colleagues from coast to coast shared a personal warmth that I shall never forget. In many places Berta and I were the recipients of gifts which we will always cherish.
8. In our international relations, one is proud to learn of the high esteem in which our Association is held. It was a distinct pleasure for Mrs. Reid and I to be guests, along with Dr. & Mrs. McIntosh, to the American Dental Association Meeting in Washington, D.C. I can only repeat what all my predecessors have said - the hospitality and personal attention were superb and the privilege of the floor of the meetings a most interesting experience.
9. In addition, Dr. McIntosh and I were guests of Pacific Dental Federation in Acapulco through the host Dental Association of Mexico. In addition to being received with great respect, we were granted complementary travel, food and lodgings for the entire convention.

APPRECIATION

10. The very nature of a national association demands great effort and dedication on the part of headquarters staff to carry out the directions given by the Executive Council and the President. The untiring efforts of the Executive Director in this regard receive our heart felt thanks. The manner in which Dr. McIntosh represents the C.D.A. throughout the world has led to his election as a vice-president of the F.D.I. We wish him every success. Miss Patricia Lundie, who has assumed the dual role of Editor of the Journal and Director of the Bureau of Public Information, has been a tower of strength. Dr. Bruce Taylor, who is completing his final term with this convention, has distinguished himself with his sincerity and capabilities as the Association's Treasurer. The entire Headquarters staff has been most helpful in every way and I thank them, each and every one.

PRESIDENT

11. I am sure you will allow me to thank the College of Dental Surgeons of British Columbia for their great support of this office and to my professional associates whose understanding of my many absences has been most gratifying.

CONCLUSION

12. These are difficult times for the Canadian Dental Association. It has had however, the fortitude to examine itself and commence action to overcome its vulnerable areas. It must pursue and maintain as its number one priority, voluntary individual memberships in Ontario and Quebec. It must examine the priorities of its services and continue to update them. It must continue to improve its channels of communication.
13. It is the responsibility of this Board of Governors to guide the Canadian Dental Association. May we approach that responsibility in the sound, rational and wise manner that characterizes men of good will.

RESOLVED

That the Board of Governors of the Canadian Dental Association express their extreme thanks and best wishes to Dr. Reid for his many years of service to the Canadian Dental Association and in particular for his service during a difficult year in the re-organization of the C.D.A., and

That the Board of Governors also express their gratitude and best wishes to Mrs. Reid, who so graciously accepted the temporary loss of her husband this past year.

Adopted

RESOLVED

That the Board of Governors of the Canadian Dental Association express their sincere gratitude and best wishes to Dr. Bruce Taylor for his many years of service as Treasurer to the Association.

Adopted

PUBLIC HEALTH

EXECUTIVE: W.C. King, President, Halifax, N.S.; T. Gavriloff, President-elect, Edmonton, Alberta; A.T. Salter, Treasurer, Edmonton, Alberta; J.M. McConchie, Secretary, Surrey, B.C.

R E P O R T

1974 ANNUAL MEETING

1. The annual meeting of the Canadian Society of Public Health Dentists was held in Toronto on 6th October, 1974.
2. Membership applications from five dentists for active membership were approved, giving a total of 83 active and 5 associate members in this association.
3. The scientific sessions were held conjointly with the Ontario Society of Public Health Dentists at Kimberly, Ontario, 3rd October - 5th October. In this workshop program the guest speakers were Dr. D.A. Soricelli, Director, Community Dental Health Services, City of Philadelphia, and Dr. A.M. Hunt of the Faculty of Dentistry, University of Toronto.

GRADUATE EDUCATION

4. The Committee on Graduate Education under chairmanship of Dr. D. Lewis is pursuing the matter of appropriate academic and residency requirements for certification by the Royal College of Dentists of Canada.

MEMBERSHIP

5. Dr. C.W.B. McPhail has been appointed as Dean of the Faculty of Dentistry, University of Saskatchewan. Two members of this Section are presently deans of dental schools and a third is an assistant dean.
6. The death of our first honorary member, Dr. H.K. Brown, occurred on November 15th, 1974. Also we regret to announce the passing of Dr. Monty Jarrett, a charter member of this association, and the untimely death of another member, Dr. Jacqueline Cuzack-Hall.
7. This report is informative. No resolutions are presented.

The Board wishes to express its appreciation to the Canadian Society for Public Health Dentists for its extensive work throughout the year.

RESEARCH

MEMBERS: N.R. Thomas, Chairman, Edmonton; A.P. Angelopoulos, Halifax; S.M. Borden, Winnipeg, P.C. Desautels, Montreal; J.G. Silver, Vancouver; J. deVries, Montreal; H.M. Dick, Edmonton; A.M. Hunt, Toronto; D.L. Singer, Saskatoon; D.C. Smith, Toronto

R E P O R T

1. The Council on Research on request of the President of the Association did not meet for the period 1974-75. However good liaison has been maintained with the A.C.F.D. Committee on Research through the Chairman of Council on Research who is also a member of the A.C.F.D. Committee.
2. Consistent with the previous wishes of the Council on Research, fund granting authorities like MRC and DNHW as well as specific Federal and Provincial Cabinet Ministers concerned with health research, have been appraised of the present unsatisfactory level of funding of dental research in Canada. As a result, some slight improvement in research funding has been achieved.
3. In view of the present stringency with respect to future meetings of Council on Research, the Chairman of this Council hopes that the Board of Governors will approve and encourage formal CDA liaison and representation at the Research Committee and House of Delegates meetings of A.C.F.D. in this important aspect of Canadian dentistry.

Whereas there is an overlapping of interests and activities for the Council on Research and the Research Committee of ACFD, and

Whereas the personnel on the CDA Council and the ACFD Committee are frequently the same persons, therefore be it

RESOLVED

- (1) That the Board of Governors requests the Executive Council to study, during its assessment of priorities, the matter of dissolving the Council on Research.*
- (2) That the ACFD be asked to annually report on its research activities to the CDA Council on Education.*
- (3) That the Executive Council also study and recommend to the Board a new role for the Research Council's Committee on Dental Materials and Devices necessitated if, and when, the Research Council is dissolved.*

Adopted

RESEARCH

COMMITTEE ON DENTAL MATERIALS AND DEVICES

4. As a result of some outside funding assistance for the Committee, it has been able to meet twice since the last annual meeting. A summary of the Committee's activities is attached as Appendix 1 of this report.

The Committee on Dental Materials and Devices is commended for the progress it is making toward the establishment of an active national standards program to include standards writing, monitoring and reporting.

REPORT OF THE COMMITTEE ON DENTAL MATERIALS AND DEVICES

1. In the year beginning April 1974 the Committee met on November 22, 1974 and May 26, 1975. This latter meeting was later than usual due to the prior commitments of the members and to its correlation with the meeting of Council on Dental Materials of the American Dental Association with whom there is good liaison.
2. The Committee has continued to actively pursue its objectives and programs. As much business as possible is done by correspondence and telephone but the objective of two meetings a year still appears necessary. The present costs of holding a meeting are in excess of \$1,100.00. In addition the Chairman must attend the annual meeting of the Canadian Dental Association and the F.D.I. Thus these costs alone account for a large part of the expenditure by the Committee. Through support generated by relationship with other bodies such as the Standards Council of Canada (which is detailed below) the activity in the dental standards area has continued at a high level.
3. The Committee has maintained pressure for a national standards program in dentistry through its relations with the international Standards Organization branch of the Standards Council of Canada, the Canadian Standards Association and the Office of Medical Devices, Health Protection Branch, Department of National Health and Welfare. Substantial progress in both the standards writing and the regulatory aspects of the situation can be reported.
4. With respect to a national program of formulation of dental standards, the Committee has decided after prolonged negotiation to accept the invitation to join the C.S.A. Sectional Committee on Health Care Technology and under its organization to take the responsibility for setting up a suitable committee on dental standards. The suggested matrix for this committee will consist of Dr. D.C. Smith as Chairman and the C.D.A. Committee as a nucleus together with representation from other dental interests. Thus the C.D.A. will have the major responsibility in this C.S.A. Committee and be able to fully represent the interests of the profession and so assist in the production of standards designed to benefit the whole field of dentistry.
5. The C.S.A. Committee operation is predicated on the assurance of adequate operational funds being made available through C.S.A. or S.C.C. This mechanism will allow the adoption of existing and future standards which originate from the I.S.O. and F.D.I. Committees as well as providing for the development of national standards. Satisfactory implementation of this development will result in the achievement of one of the major objectives of the Committee at relatively little cost to the C.D.A.
6. The involvement of the C.D.A. Committee members in the I.S.O. - F.D.I. standards writing program remains considerable. The membership of the Canadian Advisory Committee on I.S.O. Technical Committee for Dentistry (T.C. 106) together with the assignment to the constituent working groups is as follows:

(W.G. - Working Group
Chairman, Dr. D.C. Smith
(University of Toronto)

Dr. R.Y. Barolet
(Universite de Laval)

Mr. G.E. Beavers (Beavers Dental
Mr. W. Latchem Products)

Dr. P. Desautels
(Universite de Montreal)

Dr. D. Gau
(University of Alberta)

Dr. L.N. Johnson
(University of Western Ontario)

Dr. P.T. Williams, Faculty of Dentistry, University of Manitoba - Sabbatical
Dr. R.W. Campbell, Department of National Health and Welfare.

J.W.G. - Joint Working Group)

W.G.I - Filling Materials

F.D.I. - I.S.O.

J.W.G.4 - Carboxylate Cements

W.G.5 - Classification of Dental
Equipment

W.G.6 - Working Place of the Dentist

W.G.4 - Dental Instruments

W.G.3 - Dental Terminology

W.G.1

W.G.4 - Dental Instruments

J.W.G.7 - Silico-Phosphate Cements

J.W.G.8 - Dentifrice Abrasivity

W.G.2 - Dental Materials

J.W.G.3 - Revision - International
Specifications

J.W.G.5 - Acceptance Programs

7. In addition to meetings held on the same occasion as the C.D.A. Committee (usually in the evening to save time and money) the members attended the meeting of I.S.O. TC 106 in London, England, in September 1974 with the financial support of the Standards Council of Canada. Among other matters seven draft standards were approved for circulation. Internationally accepted French-English terminologies have been established and the Committee recommends that these be used by the C.D.A. and forwarded to Dr. Campbell for official use. A report of this meeting is attached as Appendix A to indicate the breadth of activity.
8. In addition to these tasks in the standard writing field the Committee has also collaborated closely with Dr. R.W. Campbell, Office of Medical Devices, Health Protection Branch, Federal Department of Health and Welfare, in the regulatory action being taken with regard to dental materials and devices. Dr. Campbell requested Dr. Smith and Dr. L.N. Johnson to act as a liaison sub-committee to him. Following a meeting in Ottawa in December it was agreed ...
 - (a) To prepare copies of all existing ISO Dental Standards as a basis for regulations under the Food and Drugs Act.
 - (b) To continue to liaise with Dr. Campbell in the matter of testing and evaluation of the safety and efficacy of dental materials and devices.
 - (c) To suggest priorities in the area of (b).
9. We were pleased to learn that the communication of the concerns of the C.D.A. Committee may result in the appointment of a Senior Dental

Consultant in the Medical Devices Division with responsibility for a regulatory program. The possible lines of action under the Food and Drugs Act which this development would permit would achieve another important objective of the Committee. Testing programs may be undertaken in collaboration with the universities which was another part of the five-year objective of the Committee.

10. The program of commentaries to the profession in the C.D.A. Journal on topics of current interest has been initiated and several have already appeared. Preparations are in hand to intensify this educational service to the profession to a frequency of one a month when Journal space permits utilizing consultants to the Committee. An advisory service has been provided through Miss Pat Lundie and numerous queries have been answered ranging from mercury absorption to denture cleaners. With the collaboration of Miss Lundie and Dr. Compton the August issue is to be devoted to materials and devices. It will include an explanation of the function and service of the Committee to the profession and it is hoped that it should generate increased interest in these programs. Several questions of advertising standards in relation to matter for the Journal have also been discussed with the Journal staff. This area of activity is expected to increase.
11. The Chairman feels that good progress has been made in the past year in the light of the many other responsibilities which the members of the Committee have. The next year should see the implementation of several of the developments described in this report and hopefully this will amply justify continuance of the support of the Committee at the present level.
12. The Chairman wishes to thank the members and consultants to the Committee for their generous allocation of time to the work of the Committee and Dr. W.G. McIntosh, Executive Director, for his counsel and support.

CANADIAN ADVISORY COMMITTEE ON ISO/TC 106 - DENTISTRY

STATISTICS

1. Dr. D.C. Smith, Chairman, Faculty of Dentistry, University of Toronto
Dr. L.N. Johnson, Faculty of Dentistry, University of Western Ontario, London
Dr. P.C. Desautels, Faculty of Dental Medicine, University of Montreal
Dr. D.J. Gau, Faculty of Dentistry, University of Alberta, Edmonton
Dr. R.Y. Barolet, L'Ecole de Medicine, Laval University, Quebec City
Dr. P.T. Williams, Faculty of Dentistry, University of Manitoba
(temporarily of Indianapolis, Indiana)
Dr. R.W. Campbell, Division of Dental Medicine, Dept. of National Health
and Welfare, Ottawa
Mr. G.E. Beavers, Beavers Dental Products, Morrisburg & Mr. W.J. Latchem

2. March 28, 1974 and November 21, 1974, Board Room, C.D.A. Headquarters, Toronto, Ontario.

3.	TC/106 - Dentistry	September 16-20, London, England	
	WG3 - Terminology	September 16	" "
	WG4 - Dental Instruments & Equipment	September 17-18	" "
	WG5 - Classification of Dental Equipment	September 16-17	" "
	WG6 - Working Space of the Dentist	September 18	" "

4.	TC/106 - Dentistry		
	WG1 - Filling Materials	Dr. D.C. Smith	Chairman
		Univ. of Toronto	
	WG2 - Denture Materials	Dr. L.N. Johnson	
		Univ. of Western Ontario	
	WG3 - Terminology	Dr. P.C. Desautels	
		Univ. of Montreal	
	WG4 - Dental Instruments and Equipment	Mr. G.E. Beavers (Mr. W.J. Latchem)	
		Beavers Dental Products	
	WG5 - Classification of Dental Equipment	Dr. R.Y. Barolet	
		Laval University	
	WG6 - Working Space of the Dentist	Dr. R.Y. Barolet	
		Laval University	

5. Mr. W.J. Latchem (Beavers Dental Products) joined the Committee at the end of the year in view of the continued ill health of Mr. G.E. Beavers.

6. The Committee met on March 28, 1974 and on November 21, 1974 at the Canadian Dental Association. Methods of working and policy decisions concerning assignments to working groups were discussed. The minutes of these meetings have been recorded and submitted.
7. The tenth meeting and Plenary Session of ISO/TC 106 was held at the British Standards Institution, London, England on September 20, 1974 under the auspices of the British Standards Institution. Forty-two delegates from 12 countries participated together with a number of observers. Mr. J.W. McLean was Chairman of the Technical Committee and Mr. A.S. Atkinson (U.K.) represented the BSI Secretariat. Dr. K. Kimmel (Germany), Dr. J.W. Stanford (U.S.A.), Dr. M. Ohashi (Japan) and Dr. G. Leatherman (U.K.) represented the Federation Dentaire Internationale. The meeting endorsed seven standards and the adoption of the F.D.I. tooth numbering system for M.B. voting. An F.D.I. statement concerning future liaison was approved. The possible resignation of the U.K. from the Secretariat was discussed. A report on this Plenary Session has been submitted.
8. Meetings of Working Group 1 - Filling Materials (Dr. D.C. Smith) on September 19; Working Group 2 - Denture Materials (Dr. L.N. Johnson) on September 16 and 19; Working Group 3 - Terminology (Dr. P.C. Desautels) on September 16 and 19; Working Group 4 - Dental Instruments and Equipment (Dr. D.J. Gau) on September 17 and 18; Working Group 5 - Classification of Dental Equipment (Dr. R.Y. Barolet) on September 19; Working Group 6 - Working Space of the Dentist (Dr. R.Y. Barolet) on September 18, were held. Separate reports of these meetings have been submitted. Meetings of Joint FDI/TC 106 Working Groups 1, 4, 6, 8 were also held on September 16, 17 and 18.
9. A report of the work of Technical Committee ISO/TC 106 summarising the work carried out during the year is given in document #295.
10. During the plenary meeting mentioned above it was announced that the U.K. was resigning the Secretariat of WG1. Canada was requested unanimously to take on this task. At the meeting of the CAC/ISO TC 106 on November 21, the Committee recommended acceptance of the invitation for an initial period of two years. This is a compliment to the expertise in Canada and would be a prestigious development.
11. The level of activity in ISO/TC 106 continues at a high level with excellent international collaboration and increasing output of international standards. This is likely to remain for the foreseeable future. Canada's participation at least at the past level is strongly recommended in view of the intensification of activity in the medical device regulatory field.

RESOLUTIONS, SPECIAL

The Board wishes to give a special vote of thanks to the following persons and organizations whose generous efforts have contributed most significantly to the success and personal enjoyment of the 1975 CDA annual meeting and convention in St. John's, Newfoundland:

- (1) Reverend Donald Crooks of Cochrane Street United Church for his inspirational invocation delivered at the opening session of the Board of Governors.
- (2) Dr. Gordon Anthony, Chairman of the local arrangements committee.
- (3) Mrs. Dorothy Peters, Chairwoman of the ladies' activities during both the Board meetings and the convention.
- (4) Premier F. Moores and the Government of Newfoundland and Labrador for hosting the Association's Installation Luncheon.
- (5) Mayoress Dorothy Wyatt and the City of St. John's for a delightful civic reception and dinner in the City Hall.
- (6) The St. John's dentists' wives for hosting a ladies' luncheon and tour of the City.
- (7) President and Mrs. F. Reid for their gracious hospitality throughout the meetings and especially for the reception for members of the Board of Governors.
- (8) Mr. John Perlin, Executive Director of the Arts and Culture Center, for his cooperation in providing the facilities of the beautiful Center.
- (9) Mr. Constantine Haratsaris, Commercial Attache of the Greek Embassy of Canada, for generously providing a reception and interesting entertainment.
- (10) Mr. Tom Clift, Dental Supplies Limited, for assistance with the printing of the ladies' convention program.
- (11) Labatt's Breweries for their assistance with the production of convention signs.
- (12) Car dealers, Hickman's, Woodford's, Cook and Jones and Toyota for courtesy cars generously donated throughout the meetings.

Dr. Murray Cornish, the Conventions Chairman, is also requested to express the Association's appreciation to the many other individuals and organizations who have also contributed to the success of the annual meeting and convention.

It is moved that the report of the Special Resolutions Committee be adopted.

Adopted

K. Walsh, Chairman

ROYAL COLLEGE OF DENTISTS OF CANADA

Information Statement to the Canadian Dental Association Board of Governors - August 1975

The last information report of the Royal College of Dentists of Canada was presented to the Board of Governors in October 1974 in Toronto.

FELLOWS

1. At the present time the College has 244 Fellows, 74 of whom are Charter Fellows, 157 are Fellows by examination and 13 are Honorary Fellows. At the Convocation, to be held in Toronto on June 7, 7 Fellows will receive their Fellowships, having successfully completed the Part I and Part II examinations. We hope there will be between 10 and 15 who will receive Charter Fellowships in the new specialties of Oral Pathology and Public Health. Dr. J.B. Macdonald and Dr. J.D. McLean will receive Honorary Fellowships and Dr. Macdonald will give the Convocation address. It is with regret that we record the passing of Dr. J.H. Johnson, who received an Honorary Fellowship last year.

EXAMINATIONS

2. The Part I (written) examinations will be held this year on June 16, in regional centres in Canada. We hope there will be 33 candidates, the largest number we have had for several years. The Part II (oral) examinations will be held on November 28 and 29 and we hope for 13 candidates.

STANDARDIZATION OF SPECIALTY CERTIFICATION ACROSS CANADA

3. The College and the National Dental Examining Board are continuing to work for specialty portable certificates. At a recent meeting of members of the College's Executive and the National Dental Examining Board progress was made on draft proposals. These will now be considered by the College at its Annual Meeting in June, 1975, and also considered by the Board at its Annual Meeting later that month. If agreement is reached, hopefully, portable specialty certificates could be issued this year to candidates who pass the College's Part I examinations and wish for portable certificates. It is hoped that a good many of the provinces will agree to this arrangement.

CONTINUING EDUCATION SERVICE

4. The College had hoped to publish a second journal this year with articles from Orthodontists, but, unfortunately, this has had to be postponed for the time being.

SCIENTIFIC SPEAKER

5. In Newfoundland, at the Canadian Dental Association Convention in August, the College will sponsor a lecture by Dr. M.J. Cripton.

ROYAL COLLEGE OF DENTISTS OF CANADA

COMBINED SPECIALTIES MEETING

6. Next year, 1976, the Royal College is again sponsoring a combined specialties meeting in Edmonton. Plans are already being made and Dr. R.D. Haryett has agreed to chair a committee for this meeting and co-ordinate with the Canadian Dental Association program.

NEW SPECIALTY GROUPS

7. The College has recognized Oral Pathology and Public Health as new specialty sections and, as has been mentioned earlier in this report, we anticipate that Charter Fellowships will be awarded at the Convocation in June. After that plans will be made for Initial Interim examinations and the usual Part I and Part II examinations.

F.W. Lovely, President

J.E. Speck, Secretary-
Registrar-Treasurer

TREASURER

R E P O R T

INTRODUCTION

1. Following the practice established a couple of years ago, my report is based on the detailed management statements prepared by our accounting department rather than the auditors' statement for 1974 appearing in Appendix T8 (green sheets at the end of the Treasurer's Report).
2. I can assure you that the auditors' statement is in complete agreement with our reports except for differences in presentation. A reconciliation of both Revenue and Expenditures is shown in the Notes to Appendix T4.

BALANCE SHEET - GENERAL ACCOUNT

3. Appendix T1 is a reproduction of the balance sheet as prepared by our auditors.
4. The balance of cash which we keep in our bank account is determined by the need to have cash available for payments which must be met in the immediate future. See increase in Accounts Payable. Payment of all accounts due was made early in January 1975.
5. The Association's accounts receivable increased by \$18,086 and include the last quarterly instalment of the British Columbia corporate grant, \$19,310 and \$3,750 from Nova Scotia, both of which have been received in early 1975; accounts receivable for Journal advertising total \$19,352 and for the sale of publications and pamphlet racks \$4,867 and other lesser amounts.
6. Prepaid expenses include a \$2,500 deposit with the Post Office to permit the monthly mailing of the Journal, a deposit of \$425 with Air Canada, and prepaid insurance charges.
7. The accounts payable included \$14,373 in printing and office expenses; \$3,975 for 1973 audit fees unbilled previously and outstanding; \$10,012 in trust for the C.I.D.A. program expenses; \$3,190 payable to the Ontario Dental Association in connection with the Joint CDA/ODA student membership campaign, and \$5,055 in sundry travel and expense accounts.
8. The deferred revenue is made up of amounts received in the last quarter of 1974 in payment of 1975 Associate Memberships and Journal subscriptions.

RESERVE FUND

9. The auditors' balance sheet of the CDA Reserve Fund at December 31, 1974 is reproduced as Appendix T2. There was no need to draw upon the capital of the Reserve Fund in 1974 and Investment Income increased the net worth of the Fund by \$6,881.

TREASURER

10. At December 31, 1974, the market value of Retirement Savings Plan units held by the Association was \$91,704 a decrease of \$29,211 from the previous year. This decrease reflects the general decline of the stock market in 1974.

FINANCIAL STATEMENTS

11. Appendix T3, actual versus budgeted revenue 1974, shows total revenue of \$632,904 exceeding the budgeted revenue by \$19,004. Explanations of the remaining major variances are in the notes to Appendix T3.
12. Appendix T4, actual versus budgeted expenditures 1974, shows that our costs, \$622,879 exceeded budget by \$6,189. Major differences are explained in the notes to Appendix T4.

SECURITIES

13. Changes in securities held during 1974 are detailed in Appendix T5, and securities held at December 31, 1974, are listed in Appendix T6.

SPECIAL GRANTS

14. Special grants and sundry income received during 1974 are described in Appendix T3 and in the notes to the Appendix. The gratitude of the Association has been expressed to the donors of these generous gifts.

LIBRARY TRUST FUND

15. Sale of Government of Canada Bonds and purchase of Royal Bank term deposits resulted in increased annual revenue of \$1,141. Total annual revenue of approximately \$4,000 should be more than sufficient to take care of annual operating expenses of the Library, therefore the CDA grant of \$1,000 made in 1973 will be transferred back to CDA in 1975.

AUDITORS' STATEMENT - 1974

16. Appendix T8 is a copy of the audited statements as prepared by Thorne, Riddell & Co.

RESOLVED

That the audited financial statement of the Canadian Dental Association for the year ended December 31, 1974 as contained in the Treasurer's report be approved.

Adopted

REVISED 1975 BUDGET

17. At Executive Council's request a revised 1975 budget was presented to the March meeting of Council. It appears as Appendix T9, pages 151-152.
18. The revisions were approved by the Council.

TREASURER

Appendix T1

GENERAL ACCOUNT

BALANCE SHEET - DECEMBER 31, 1974
(with comparative figures at December 31, 1973)

ASSETS		1974	1973
CURRENT ASSETS			
Cash		\$ 56,709	\$ 18,760
Guaranteed investment certificates		25,000	40,000
Accounts receivable		51,474	33,388
Prepaid expenses		5,938	7,341
Ottawa building fund (cash, guaranteed investment certificate and accrued interest)		3,576	3,102
		<u>142,697</u>	<u>102,591</u>
FIXED ASSETS, at cost			
Building, 234 St. George Street, Toronto		197,230	197,230
Architectural and legal fees for building, Ottawa		26,810	26,810
Furniture, fixtures and equipment		96,831	94,935
		<u>320,871</u>	<u>318,975</u>
Less accumulated depreciation		157,585	148,643
		<u>163,286</u>	<u>170,332</u>
Land, 234 St. George Street, Toronto		5,100	5,100
Land, Ottawa (note 1)		81,755	81,755
		<u>250,141</u>	<u>257,187</u>
		<u>\$392,838</u>	<u>\$359,778</u>
LIABILITIES AND SURPLUS			
CURRENT LIABILITIES			
Accounts payable and accrued liabilities		\$ 36,605	\$ 6,695
Payable to			
Grieve Memorial Lectureship Fund		42	
National Convention Fund		219	
Deferred revenue		4,010	4,100
		<u>40,876</u>	<u>10,795</u>
SURPLUS		<u>351,962</u>	<u>348,983</u>
		<u>\$392,838</u>	<u>\$359,778</u>

TREASURER

Appendix T2

RESERVE FUND

BALANCE SHEET - DECEMBER 31, 1974 (with comparative figures at December 31, 1973)

ASSETS		
	1974	1973
Cash	\$ 3,436	\$ 1,185
Receivable from Grieve Memorial Lectureship Fund	879	
Accrued interest	2,174	1,129
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value, 1974, \$106,044; 1973, \$102,120)	113,967	110,980
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1974, \$91,704; 1973, \$120,915)	103,500	103,500
	<u>\$223,956</u>	<u>\$216,794</u>
LIABILITIES		
Payable to		
Canadian Fund for Dental Education	\$ 179	
Grieve Memorial Lectureship Fund	102	
Total liabilities	<u>281</u>	
SURPLUS		
Surplus	223,675	\$216,794
	<u>\$223,956</u>	<u>\$216,794</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1974 (with comparative figures for 1973)

	1974	1973
Revenue		
Investment interest	\$ 6,869	\$ 6,071
Bank interest	12	10
	<u>6,881</u>	<u>6,081</u>
Loss on sale of bonds		6,090
Surplus (deficit) for the year	6,881	(9)
Surplus at beginning of year	216,794	287,382
	<u>223,675</u>	<u>287,373</u>
Transfer to Canadian Dental Association		
- General Account for purchase of land		70,579
Surplus at end of year	<u>\$223,675</u>	<u>\$216,794</u>

TREASURER

Appendix T3

ACTUAL Versus BUDGETED REVENUE - 1974

REVENUE	1974 <u>ACTUAL</u>	1974 <u>BUDGET</u>	(UNDER) OVER <u>BUDGET</u>
Associate Membership	\$ 3,530	\$ 3,600	\$ (70)
Corporate Membership Grants			
- British Columbia	76,310	74,100	2,210
1. - Alberta	48,100	43,600	4,500
- Saskatchewan	15,665	16,200	(535)
- Manitoba	22,945	21,800	1,145
1. - Ontario	199,760	184,000	15,760
1. - Quebec	99,275	95,700	3,575
- New Brunswick	9,230	9,800	(570)
- Nova Scotia	15,110	15,900	(790)
- Prince Edward Island	2,405	2,600	(195)
- Newfoundland	4,485	4,200	285
Interest - CDRF	800	1,000	(200)
2. - Income	5,967	1,000	4,967
3. Journal Operation	19,126	49,700	(30,574)
National Convention - Headquarters			
Services	28,000	28,000	
Sale of Publications	22,301	25,000	(2,699)
Space Rental - CFDE	3,000	3,000	
Student Memberships	4,587	4,000	587
4. Subscriptions JCDA	6,044	5,000	1,044
Sundry Income - Grants			
- NDEB	8,000	8,000	-
5. - CFDE - Biennial Research Conference	-	9,000	(9,000)
- Survey of Graduate Programs	408	1,800	(1,392)
- Students Conference	3,073	2,900	173
6. - Students Table Clinic	1,948	4,000	(2,052)
7. - CDA Journal re Cancer Article	1,000	-	1,000
8. - Survey Program	11,534	-	11,534
9. - C. on Dental Materials & Devices	2,000	-	2,000
10. - Conference on Dental Auxiliaries	6,000	-	6,000
- Teaching Conference	3,000	-	3,000
11. Sundry Income - Other	8,828	-	8,828
Ottawa Building Fund Interest	473	-	473
	<u>\$632,904</u>	<u>\$613,900</u>	<u>\$19,004</u>

TREASURER

NOTES to Appendix T3

1. Revenue is estimated conservatively for budget purposes. In Alberta, Ontario and Quebec, the growth of membership exceeded expectations and the grants received were greater than anticipated.
2. Interest income was greater than budgeted through the investment of working capital cash balances in short term deposits at the favourable rates available in 1974.
3. Journal operations produced less revenue than expected. An analysis of the operations are shown in Appendix T7. I notice with concern that subsidization of the Journal in 1974 amounted to \$64,227. an increase over 1973 budget of \$14,370. Although subsidization in our 1975 forecast has been reduced to \$49,418. it is still a substantial item and I would suggest that an independent survey of Journal operations as recommended in the Task Force report, be given high priority. I do not believe that the financial problems with our Journal are by any means unique since similar publications are also subsidized.
4. Subscriptions to the Journal of the CDA show greater revenue than anticipated because of increased subscription rates.
5. CFDE paid grant of \$9,500. directly to ACFD to cover expenses of meeting.
6. The total cost of the Students Table Clinic paid completely by Caulk-Dentsply was \$3,719. CFDE was reimbursed for expenses paid direct of \$1,771. and \$1,948. was credited to CDA to cover its expenses.
7. CFDE paid CDA a grant of \$1,000. to help defray the costs of colour photography accompanying article on cancer in March 1974 issue of the Journal of the CDA.
8. CFDE payment for Survey Program funded by Kellogg Foundation.
9. CFDE grant re Committee on Dental Materials and Devices covers part of total Committee costs.
10. CFDE grant to cover meeting costs paid by CDA.
11. Sundry income of \$8,828 consists of:

Government of Canada, re Simultaneous Translations	\$1,350
Toronto Star	5,000
Medifacts Profit Share 1973/74	337
Other	<u>2,141</u>
	<u>\$8,828</u>

TREASURER

Appendix T4

ACTUAL Versus BUDGETED EXPENDITURES - 1974

<u>EXPENDITURES</u>		<u>1974 ACTUAL</u>	<u>1974 BUDGET</u>	<u>(UNDER) OVER BUDGET</u>
	Annual Board Meeting	\$ 25,400	\$ 21,600	\$ 3,800
	Board Members' Special Expenses	1,405	3,400	(1,995)
	CDRF Award	542	700	(158)
1.	Contingency	6,893	10,000	(3,107)
2.	Film Production - Distribution	2,483	8,400	(5,917)
	Furniture & Fixtures	1,896	1,500	396
	Grants - CDNAA	300	300	-
	- CFDE	12,000	12,000	-
	- FDI	4,611	4,500	111
	Presidents' Honoraria	3,000	3,000	-
	History of Dentistry & Archives	34	500	(466)
	Insurance (Building, Fidelity, Sickness, Travel)	2,602	3,000	(398)
	Legal & Audit	4,233	6,000	(1,767)
3.	Office Administration Fund	7,085	8,000	(915)
4.	Office Supplies & Expense	24,619	21,200	3,419
	Postage	11,121	11,200	(79)
5.	Property - Light, Heat, Water	4,424	4,200	224
	- Maintenance	9,644	4,000	5,644
	- Taxes	7,693	7,000	693
6.	Printing - BPI	37,051	26,700	10,351
	- General	25,848	34,700	(8,852)
	Salaries	264,695	267,690	(2,995)
	Salary Expenses	26,322	29,600	(3,278)
	Survey Program	10,000	10,000	-
7.	Telephone	7,734	6,000	1,734
8.	Translations	4,606	6,000	(1,394)
9.	Travel	83,288	90,500	(7,212)
10.	Task Force	33,350	15,000	18,350
		<u>\$622,879</u>	<u>\$616,690</u>	<u>\$ 6,189</u>

TREASURER

NOTES to Appendix T4

1. The amount charged to Contingency provides for an allowance for bad debts and uncollectable accounts receivable for 1974 and for earlier years. The accounts were mainly for advertising in the Journal, and where recovery is later made, it will be shown as current revenue.
2. Film Production - Distribution below original 1974 as no new production was undertaken and amount expended was for distribution only.
3. The amount charged to the Office Administration Fund covers the amounts expended for professional placement services in obtaining staff, including the sum of \$4,167 paid to The Thorne Group Ltd.
4. Office Supplies and Expenses consist of:

General Office Supplies	\$ 4,223
Office equipment maintenance and rental	2,067
Press clippings	710
Statistical reports	563
Temporary office staff	1,466
Copying charges	12,053
Bank charges	1,897
Sundry	1,640
	<u>\$24,619</u>

5. Property maintenance in addition to routine repairs and maintenance charges includes repairs to roof, \$2,280, painting interior and exterior of building, \$3,135, carpentry, \$359. Some maintenance items deferred by impending move to Ottawa had to be performed in 1974.
6. Charges to BPI - Printing, include the following:

Purchase of pamphlets	\$ 4,496*
Purchase of pamphlet racks	12,438*
Association booklets - Its meaning and its benefits	2,412
Convention display preparation	2,123
Membership brochure	488
Communique - design consultation	275
ODA/CDA Display panel	197
Design and components for multiscreen display	2,136
1974 CDA Slide presentation	1,891
Dental Health Week folders	204
Dental Health Week kits	250
CPHA Annual Meeting display rental	200
Convention badges	201
Dental Health Week material	9,082**
Other	658
	<u>\$37,051</u>

*Pamphlets and pamphlet racks are sold by the CDA to members of the profession and others and the revenue is shown in the Revenue statements under Sales of Publications. The purchase of pamphlet racks covers several years' supply for re-sale.

**More than half of this amount is recoverable from the re-sale of posters in 1975.

TREASURER

NOTES to Appendix T4 Continued

7. Rates for telephone service have increased substantially during the past year, as well as use of long distance services.
8. The cost of translations for various services was reduced in part by the employment of bilingual personnel when available.
9. Travel expenses were reduced where possible as part of a continuing effort to reduce unnecessary trips and charges.
10. Task Force expenses included:

Fees for services: Dr. J.B. Macdonald	\$ 4,000
C.G. Clarke	2,500
Travel costs of committee members	17,667
Printing costs of Task Force	
questionnaire report	5,698
Printing costs of Task Force report	
in CDA Journal	3,485
	<u>\$33,350</u>

Reconciliation of Revenue

Total revenue per Appendix T3	\$632,904
Less: Journal of the CDA	19,126
Balance per audited statements	<u>\$613,778</u>

Reconciliation of Expenditures

Total Expenditures per Appendix T4		\$622,879
Less: Furniture & Fixtures	\$ 1,896	
Journal of the CDA	19,126	21,022
		<u>\$601,857</u>
Add: Depreciation, Building	\$ 4,931	
Depreciation, Furniture	4,011	8,942
Balance per audited statements		<u>\$610,799</u>

TREASURER

Appendix T5 - Security Changes - 1974

Library Trust Fund

Sales:

Government of Canada	\$41,500	5-3/4%	Nov. 1, 1980
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Purchases:

Royal Bank Term Deposit	41,500	8-1/2%	Mar. 1, 1979
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Reserve Fund

Sales:

Province of Ontario	\$ 5,000	4-1/2%	May 15, 1974
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Canada Savings Bonds	500	5-3/4%	Nov. 1, 1980
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Canada Savings Bonds	5,000	6-3/4%	Nov. 1, 1980
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Canada Savings Bonds	5,000	7-1/2%	Nov. 1, 1980
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Canada Savings Bonds	5,000	7-3/4%	Nov. 1, 1980
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Purchases:

Royal Trust Guaranteed Investment Receipt	11,000	8-5/8%	Mar. 28, 1975
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Royal Bank Term Deposit	8,000	9-1/4%	May 28, 1975
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Royal Bank Term Deposit	15,500	8-1/2%	Mar. 1, 1979
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TREASURER

Appendix T6 - Securities on Hand - December 31, 1974

Grieve Memorial Lectureship Fund

Government of Canada	\$ 4,000	4-1/2%	Sept. 1, 1983
Government of Canada	500	4-1/2%	Sept. 1, 1983
Royal Trust Guaranteed Investment Receipt	1,000	8-1/2%	July 31, 1978
	<u>\$ 5,500</u>		

Library Trust Fund

Royal Bank Term Deposit	<u>\$ 41,500</u>	8-1/2%	Mar. 1, 1979
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Reserve Fund

Royal Trust Guaranteed Investment Receipt	\$ 11,000	8-5/8%	Mar. 28, 1975
Royal Bank Term Deposit	8,000	9-1/4%	May 28, 1975
Royal Bank Term Deposit	15,500	8-1/2%	Mar. 1, 1979
Province of Ontario	15,000	5%	July 5, 1975
Ontario Hydro	2,000 (A)	4-3/4%	Aug. 15, 1975
Ontario Hydro	5,000 (A)	5%	Nov. 15, 1976
Ontario Hydro	5,000 (A)	5%	Oct. 15, 1978
Ontario Hydro	10,000 (A)	5%	Nov. 15, 1976
Ontario Hydro	3,000 (A)	4-3/4%	Aug. 15, 1975
Province of Quebec	5,000	5-3/4%	Feb. 1, 1986
Alberta Municipal	10,000	5-1/2%	Apr. 1, 1983
Manitoba Telephone	10,000	5-1/2%	Dec. 2, 1986
Government of Canada	1,000	3-1/4%	Oct. 1, 1979
Government of Canada	5,000	3-1/4%	Oct. 1, 1979
Government of Canada	10,000	3-3/4%	Jan. 15, 1978

Total - \$115,500

Investment in Common Stock Fund \$103,500
CDA Retirement Savings Plan

(a) Guaranteed by the Province of Ontario

TREASURER

Appendix T7

COMPOSITE ANALYSIS - Editorial Department & Journal of the CDA 1974

	<u>1974 ACTUAL</u>	<u>1974 BUDGET</u>	<u>(UNDER) OVER BUDGET</u>	<u>ADJUSTED 1974 BUDGET</u>
<u>REVENUE:</u>				
*Gross Advertising	\$157,381	\$184,000	\$(26,619)	\$172,445
Subscriptions	6,044	5,000	1,044	3,252
Subsidization	64,227	49,857	14,370	80,950
	<u>\$227,652</u>	<u>\$238,857</u>	<u>\$(11,205)</u>	<u>\$256,647</u>
<u>EXPENDITURES:</u>				
*Agency Commissions	\$ 19,441	\$ 24,000	\$ (4,559)	\$ 21,000
*Photo Engraving	4,153	3,300	853	6,500
*Postage - Journal Only	18,371	18,000	371	20,984
*Printing - Journal Only	91,422	89,000	2,422	107,181
Annual Board Meeting	998	850	148	848
Travel Expense	3,920	9,800	(5,880)	6,348
Office Expense	2,909	2,505	404	3,400
Postage - Office	1,609	1,800	(191)	1,620
Salaries	68,468	74,600	(6,132)	71,446
Salary Expense	5,108	8,322	(3,214)	7,768
Telephone & Telegraph	1,485	1,280	205	1,152
Translations	2,400	2,400	-	2,400
Furniture & Fixtures	-	500	(500)	500
Floor Space Evaluation	2,500	2,500	-	2,500
*Sundry	4,868	-	4,868	3,000
	<u>\$227,652</u>	<u>\$238,857</u>	<u>\$(11,205)</u>	<u>\$256,647</u>
*Produce "JCDA Gross Revenue":	<u>\$ 19,126</u>	<u>\$ 49,700</u>	<u>\$(30,574)</u>	<u>\$ 16,774</u>
- See Appendix T3				

NOTE to Appendix T7

Subsequent to the preparation of the 1974 Journal budget and after several staff changes, a revised budget was prepared showing subsidization of \$80,950. and Gross Revenue of \$16,774. Travel expenses and salaries are lower than budget because of the staff changes. Office expenses are based on an apportionment of the general office expenses. Sundry expenses here shown separately were previously mingled with the Photo-engraving and office expenses.

TREASURER

Appendix T9

REVISION IN 1975 CDA BUDGET AS OF FEBRUARY 27, 1975:

Add to Estimated Revenue:

Accreditation program income from 7 provinces		\$ 12,000
Income from Ontario per original forecast	146,250	
Revised estimate (Feb. 26)	148,200	1,950
Estimated additional memberships 200 @ \$65.00		<u>13,000</u>
		26,950

Reduction

Deduct from estimated Expend:

Ethics			1,000
Insurance & Invest.			1,000
Research			2,500
Therapeutics			1,250
Dental Materials & Devices			1,000
CDA-ADA Conference			3,500
Board Member Expenses			1,000
Recruitment Printing			2,700
BPI			6,350
Transactions			2,000
Bureau of Statistics			12,000
Original estimate - Salaries	285,530		
Salary Expenses	<u>32,394</u>		
	317,924		
Salaries & related expenses (say)	(318,000)		
based on present staff			
(see provision for additions)			
Salaries	250,000		
Related expenses	<u>27,000</u>	<u>277,000</u>	41,000
			<u>\$ 75,300</u>

Add to Estimated Expenditures:

Estimated Membership Promotion cost			
Ontario		6,000	
Quebec		<u>5,000</u>	
		11,000	
Less original provision		<u>6,000</u>	5,000

TREASURER

Appendix T9 cont'd

Provision for additional staff not yet hired
but required in 1975 :

Council Secretary	8,500	
Membership clerk	7,000	
Statistical clerk	8,000	
Bookkeeping	2,000	
	<u>25,500</u>	
Less 1st. quarter	<u>6,500</u>	
	<u>19,000</u>	19,000

Provision for CFDS Governor		500
		<u>24,500</u>

Feb. 26, 1975:

2,201 - Joint ODA-CDA
 63 - CDA only received by ODA } 79
 16 - CDA only received by CDA }
2,280 @ \$65.00 = \$ 148,200

Original deficit as presented to Board		29,000
Additional grant - Bureau of Statistics		15,000
Additional Board of Governors Meeting - Mar. 1975		12,000
Error in travel		<u>14,000</u>
		70,000
Add additional expenses		<u>24,500</u>
		94,500
Deduct Reduction in expenses (say)	75,000	
Additional Income	<u>27,000</u>	102,000
Estimated excess Revenue over Exp.		7,500
2 Executive Council Meetings		<u>4,000</u>
		<u>\$ 3,500</u>

* * * * *

TREASURER

REPORT ON THE 1976 BUDGET

1. This is the last Budget I will present as your Treasurer and I hope that I have served the Association to the best of my ability. I must again express my thanks to Mr. McDonald for the help he has given me over the past 6 years. Dr. McIntosh has been a tower of strength. A word of appreciation to Mr. Stevenson who, while relatively new in his position, has produced a Budget under very trying circumstances.
2. The number of members from all provinces but Quebec and Ontario is based on the corporate members' estimate. The result of the voluntary membership drive in Ontario has been most gratifying but still does leave a lot of members who did not join the CDA. A concerted effort must be made to reach these people. To the Ontario Committee that engineered the voluntary membership drive I offer my congratulations. We shall not know until later this year what the voluntary membership in Quebec will be. I hope these results will be equal to those in Ontario.
3. All Budget requests from Councils and Bureaux have been included as submitted. (See Appendix T14) Other estimates are based on past years experience and our considered estimates. The decision to proceed with the Ottawa Building is, I feel, a wise one. It is particularly gratifying to me to see that the ODA has contracted to purchase the present CDA building. At this time, several unknowns affect the figures regarding Ottawa, i.e., the date of completion of the building, the mortgage interest rate, whether additional funds will be available from the CFDE Capital Fund and other donations for the building itself, rental of space, etc. For these reasons we have assumed that we will occupy the Ottawa Building for six months in 1976. Total estimated net cost of \$102,200 has been included in expenditures. An analysis is shown in Appendix T15.
4. Further to a directive of the Executive Council of March 1975, I have included an increase in the Presidents' Honoraria to \$12,000 per year and as well I have included a per diem stipend to the Executive Council for their meetings of \$100.00 per day. This last item amounts to \$12,600. These honoraria are in addition to normal out of pocket expenses.

RESOLVED

That the present honoraria as paid by the Canadian Dental Association remain the same for the year 1976.

Defeated

TREASURER

5. The last grant increase was in 1968. In light of the increased operating costs that everyone faces in their practice, your Association too has the same problem. I would suggest that the membership fee or grant be increased by a modest \$25.00. The 1975 Special Board Meeting, approved the principle of a corporate membership fee for services provided to the licensing bodies. I suggest this fee be \$10.00 for each licensed dentist. These two small additions would increase the revenue to a total of \$844,976. This would cover the anticipated 1976 expenses and leave a small surplus for the provision of additional services for members.

RESOLVED

- (1) That the Canadian Dental Association give notice to its members that it will be necessary to anticipate an increase of \$25.00 in the membership fee to be approved by the Board in 1976.

Adopted

RESOLVED

- (2) That the Board direct the Executive Council to prepare a financial projection to substantiate and clarify the suggested increase in membership dues.

Adopted

- (3) Whereas the Board, at its special meeting in March, 1975, approved the principle of a corporate membership fee for services rendered by CDA, be it

RESOLVED

That the Board approve a corporate membership fee of \$10.00 based on a per capita membership of that corporate member, effective January 1, 1976.

Defeated

The Board does not agree with the wording of the above resolution and presents the following two substitute resolutions:

On motion from the floor:

RESOLVED

- (1) That the Board approve negotiated charges to a licensing body for services rendered to a licensing body after January 1, 1976.

Adopted

TREASURER

On motion from the floor:

RESOLVED

- (2) *That Corporate members will be requested to assume responsibility for the difference of the licensing body service fee when the fees paid by the licensing body for services rendered are less in total than \$10.00 per individual dentist member of the Corporate member.*

Adopted

6. As I prepared this budget, it became increasingly evident to me that early in 1976 an amended budget will have to be struck taking into account the priorities established for the various councils, up-to-date information re membership in Ontario and Quebec and completion date of Ottawa building together with rental arrangements for maximum space available and money costs.
7. Our number one priority should be increasing membership in Ontario and achieving the maximum membership possible in Quebec.
8. Estimated revenue for 1976 is shown in Appendix T10, and an analysis of corporate grants to CDA follows in Appendix T11. The budgeted expenditures of the Association for 1976 are shown in Appendix T12. Explanatory notes are attached.

Whereas the anticipated revenue for 1976 as shown in Appendix T10 is unlikely to be realized, therefore be it

RESOLVED

That the Board direct the Executive Council to revise the estimated revenue and expenditures for 1976.

Adopted

9. Appendix T13 is an analysis of estimated revenue and expenditures in the CDA Editorial Department.
10. While I hope it will not be necessary, I feel it would be advisable for the Board to renew its authority to the treasurer (1972T187) to deal as needed with problems involving a working capital.

TREASURER

RESOLVED

That the Board renew its authority to the Finance Committee to deal as needed with problems involving working capital.

Adopted

APPRECIATION

RESOLVED

That the Board compliment the Treasurer on his detailed analysis of the 1974 financial statements and the 1976 budget projections. The Board wishes to express its utmost appreciation to Dr. Taylor for his years of devoted service to the profession in his many capacities and in particular as Treasurer of the Association.

Adopted

Submitted by:

J. B. Taylor, D.D.S.
Treasurer

June 25, 1975

TREASURER

Appendix T10

CDA ESTIMATED REVENUE 1976

	1974 Actual	1975 Budget	Revised 1975 Budget	1976 Budget
1. Corporate Fee	\$	\$	\$ 12,000	\$ 90,240
Associate Memberships	3,530	3,300	3,300	3,400
Memberships-British Columbia	76,310	82,875	82,875	117,000
Alberta	48,100	48,100	48,100	72,000
Saskatchewan	15,665	15,275	15,275	22,500
Manitoba	22,945	22,750	22,750	32,400
Ontario	199,760	146,250	161,200	225,000
2. Quebec	99,275	83,320	83,320	61,380
New Brunswick	9,230	9,295	9,295	13,500
Nova Scotia	15,110	14,950	14,950	21,500
Prince Edward Island	2,405	2,600	2,600	3,780
Newfoundland	4,485	5,330	5,330	7,830
Interest - CDRF	800	1,000	1,000	1,000
Income Term Deposits	5,967	2,000	2,000	200
3. Journal Operation	19,126	41,900	41,900	59,900
National Convention - H.Q. Services	28,000	32,000	32,000	32,494
Sales of Publications	22,301	28,600	28,600	28,600
Space Rental CFDE	3,000	8,400	8,400	1,500
Student Membership	4,587	5,000	5,000	5,000
Subscriptions JCDA	6,044	7,500	7,500	7,000
Sundry Income, others	8,828	-	-	-
NDEB re: Survey of Undergraduate Programs	8,000	8,000	8,000	10,000
CFDE re: C. D. A. Journal	1,000	-	-	-
Conference on Auxiliaries	6,000	-	-	-
Survey of Graduate Programs	408	1,000	1,000	3,000
Students Conference	3,073	3,000	3,000	4,452
Students Table Clinic	1,948	4,000	4,000	4,000
Teaching Conference	3,000	3,000	3,000	3,000
Dental Materials & Devices C.	2,000	2,000	2,000	-
Survey Program Consulting Services	11,534	14,300	14,300	14,300
Ottawa Building Fund & Interest	473	300	300	-
T o t a l	\$632,904	\$596,045	\$622,995	\$844,976

-
1. Corporate Fee is based on \$10.00 per licensed dentist.
 2. A \$45,000 Corporate Grant was received in 1975.
 3. Journal Operation see Appendix T13.

TREASURER

Appendix T11

CANADIAN DENTAL ASSOCIATION
REVENUE FORECAST - 1976
CORPORATE GRANTS AND MEMBERSHIP FEES

Province	Paid Members Estimated 1975	Net Projected Members 1976	Per Member Fee	1976 Fee Forecast
British Columbia	1,235	1,300	90	117,000
Alberta	740	800	90	72,000
Saskatchewan	241	250	90	22,500
Manitoba	350	360	90	32,400
*Ontario	2,392	2,500	90	225,000
*Quebec	1,866	682	90	61,380
New Brunswick	146	150	90	13,500
Nova Scotia	234	235	90	21,150
Prince Edward Island	40	42	90	3,780
Newfoundland	74	87	90	7,830
	7,318	6,406		576,540

* Estimated Revenue for fees of voluntary members

SUMMARY OF CORPORATE GRANTS
AND MEMBERSHIP FEES

	1972	1973	1974	1975 Estimate	1976 Estimate
British Columbia	68,120	71,695	76,310	82,875	117,000
Alberta	41,340	45,175	48,100	48,100	72,000
Saskatchewan	15,080	15,308	15,665	15,275	22,500
Manitoba	20,800	21,872	22,945	22,750	32,400
Ontario	174,790	192,950	199,760	146,250	225,000
Quebec	89,485	97,790	99,275	83,320	61,380
New Brunswick	9,915	8,970	9,230	9,295	13,500
Nova Scotia	13,650	14,600	15,110	14,950	21,150
Prince Edward Island	2,275	2,470	2,405	2,600	3,780
Newfoundland	3,770	4,030	4,485	5,330	7,830
	\$439,225	\$474,860	\$493,285	\$430,745	\$576,540

TREASURER

Appendix T12

CDA ESTIMATED EXPENDITURES 1976

	1974 Actual	1975 Budget	Revised 1975 Budget	1976 Budget
1. Annual Board Meeting	25,400	26,285	38,285	25,715
Board Members' Special Expenses	1,405	3,000	2,000	3,000
Executive Council Honorarium	-	-	-	12,600
CDRF Award	542	700	700	700
Contingency	6,893	10,000	10,000	12,000
Film Production - Distribution	2,483	2,900	2,900	1,772
Furniture & Fixtures	1,896	500	500	-
Grants - CDNAA	300	300	300	300
- CFDE	12,000	5,000	5,000	3,000
- FDI	4,611	4,900	4,900	5,000
- Presidents' Honoraria	3,000	3,000	3,000	12,000
History of Dentistry & Archives	34	100	100	50
Insurance (Building, Fidelity, Sick, Travel)	2,602	3,500	3,500	3,500
Land Purchase + Architect Fees	-	-	-	-
Legal & Audit	4,233	6,500	6,500	6,500
Office Administration Fund	7,085	7,000	7,000	10,000
2. Office Supplies & Expenses	24,619	31,550	31,550	41,280
Postage	11,121	11,750	11,750	11,400
3. Property - Light, Heat, Water	4,424	5,000	5,000	2,500
- Maintenance	9,644	3,000	3,000	1,500
- Taxes	7,693	7,000	7,000	3,500
4. Printing - BPI	37,051	32,200	25,850	29,500
Printing - General	25,848	30,240	25,540	23,100
5. Salaries	264,695	285,530	269,000	329,503
Salary Expenses	26,322	32,394	27,000	34,559
6. Survey Program Consulting Services	11,534	14,300	14,300	14,300
Telephone	7,734	7,650	7,650	8,000
Translations	4,606	6,000	6,000	4,800
7. Travel	81,754	78,632	85,882	102,136
Task Force	33,350	-	-	-
Membership Promotions	-	6,000	11,000	7,000
 TOTAL EXPENDITURES:	 \$622,879	 \$624,931	 \$615,207	 \$709,215
 PLUS OTTAWA (6 Months)				 \$102,200
				\$811,415
 LESS REVENUE:	 \$632,904	 \$596,045	 \$622,995	 \$844,976
 SURPLUS (DEFICIT):	 \$ 10,025	 (28,886)	 \$ 7,788	 \$ 33,561

TREASURER

Notes to Appendix T12

1. Annual Board Meeting budget for 1976 is less than 1975 because there was an extra meeting in 1975 that is not contemplated in 1976.
2. Office Supplies and Expenses include \$12,000 for Computer Rental for the Bureau of Dental Statistics to provide facilities for keeping data on a random access disk and ability to update records directly through a typewriter console. Also included is \$1,500 for electronic calculators, special data storage files, etc.
3. Property costs have been estimated on the basis of 6 months at Toronto Headquarters. Property costs for Ottawa Headquarters are estimated for 6 months and appear at the end of expenditures as a separate item of \$102,200. Details are in Appendix T14.
4. B. P. I. Printing consists of: Reprinting present pamphlets - \$20,000. New pamphlets: Dental Plaque (Fr.) - \$2,000; Combined Hidden Sugars and Four-Leaf Clover - \$2,000; Dental Guide - \$2,000; Mouth guards - \$2,000; Communique (Gov't Newsletter) \$500. Revenue from the sale of pamphlets appears in Sales of Publications.
5. Salaries include Full-time editor for Journal. Full-time information officer, full-time secretary for B. P. I. Full-time Statistician. Full-time Statistical-Clerk, and Senior Secretary for Bureau of Dental Statistics. Two record clerks for Records Department instead of present one. Also included is a 12% increase for present employees in 1976.
6. The expenses for the Survey Program Consulting Services \$14,300 is offset by a grant from C. F. D. E. (Re: Kellogg Foundation) which is picked up as revenue.
7. A complete list of Councils, Committees, and Bureaux budget requests are shown in Appendix T13.

Some travel expenditures are offset in revenue because they are funded by grants from C. F. D. E.

Survey of Graduate Programs	\$3,000
Students Conference	4,452
Students Table Clinic	4,000
Teaching Conference	<u>3,000</u>
	\$14,452

TREASURER

Appendix T13

CDA JOURNAL
BUDGET REQUIREMENTS FOR 1976
SUBMITTED APRIL 30, 1975

REVENUE

*Gross advertising	\$ 235,000
Subscriptions sold	7,000
Subscription allowance	30,650
	\$ 272,650

EXPENDITURES

*Agency and media rep commissions	30,000
*Customs brokerage	600
*Advertising expense (promotion and sales)	12,400
*Sales travel expense	1,700
*Printing	108,000
*Postage	20,400
Translations	1,200
*Photography	400
*Art	1,200
*Cartoons	400
Salaries	79,700
Salary expense	4,000
Editors' and staff expense	650
Office expense	3,000
Office postage	1,500
Telephone	1,800
Furniture and fixtures	Nil
Floor space evaluation	3,300
Annual Board Meeting and Convention	2,000
Miscellaneous	400
	\$ 272,650

* Produce J.C.D.A. Gross Revenue of	\$ 59,900
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TREASURER

Appendix T14

COUNCIL, COMMITTEE AND BUREAU BUDGET REQUESTS 1976

EXECUTIVE COUNCIL

6 Meetings @ \$1,950	11,700	
Salary and Admin. Committee	200	
Sundry Federal Representatives	1,000	<u>\$12,900</u>

INSURANCE AND INVESTMENT

3 Meetings @ \$1,867	5,601	
Chairman and Sub-Committees	2,834	
Secretarial Services	4,730	<u>\$13,165</u>

RESEARCH

1 Meeting	3,000	
Cttee. on Dental Materials & Devices -		
2 Meetings for 76	2,500	<u>\$ 5,500</u>

COUNCIL ON HEALTH CARE

1 Meeting	3,000	
Sub-Committee Meetings	1,500	<u>\$ 4,500</u>

HOSPITAL SERVICES

1 Meeting	1,000	
Surveys by out-of-towners	1,000	<u>\$ 2,000</u>

CONSTITUTION AND BY-LAWS

1 Meeting		<u>\$ 1,200</u>
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ETHICS

1 Meeting		<u>\$ 1,350</u>
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LEGISLATION

0

EDUCATION

1 Meeting	4,500	
Miscellaneous Travel	1,500	
Survey Committee and Surveys	15,319	
Bureau of Dental Statistics	200	
Recruitment Committee	1,800	
Student Membership Committee	2,950	<u>\$26,269</u>
*Student Conference	4,452	
*Teaching Conference	3,000	
*Student Table Clinic	4,000	<u>\$37,721</u>

COUNCIL ON INFORMATION SERVICES

3 Meetings		<u>\$ 2,500</u>
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C,D.A. - A.D.A. CONFERENCE

\$ 3,500

* Funds to cover these items to be provided by C.F.D.E.

TREASURER

Appendix T14 cont'd.

BUREAU OF PUBLIC INFORMATION
BUDGET REQUEST 1976

Expenditures

Film Distribution and Production	\$ 1,772
Travel	974
Press Clippings	600
Task Force on Preventive Dentistry (Including Dental Health Week)	6,000
Membership Promotion	7,000
Additional 1/2 Staff and General Expenses	16,815
Printing	29,500
	\$62,661

BUREAU OF DENTAL STATISTICS
BUDGET REQUEST 1976

Expenditures

Travel	\$ 1,000
Supplies	4,500
Electronic Calculators	1,500
Computer Rental	12,000
Additional Two Staff	15,000
Contingencies	2,000
	\$36,000

TREASURER

Appendix T15

SUPPLEMENTARY SCHEDULE FOR OTTAWA HEADQUARTERS 1976 (6 months)

Moving Expenses for Office and Staff	\$ 25,000
Employment of Staff Replacements	4,000
Building Maintenance and Repairs	5,000
Property Taxes	20,000
Caretaking	5,000
Insurance	1,000
Utilities (light, heat, air conditioning 65¢ per sq. ft.)	15,000
Management Services (4% of income)	1,200
General Expenses	2,000
	<u>\$ 78,200</u>

Interest and Repayments on Mortgage and Loans*	\$ 54,000	
Less Rental Revenue**	<u>30,000</u>	
	\$ 24,000	24,000
		<u>\$102,200</u>

* Net annual cost to C.D.A. will be the sum of:

1) Payments on the first mortgage	\$ 75,000
2) Payments on loans from C.F.D.E. and corporate members	<u>33,000</u>
	<u>\$108,000</u>

** Space not currently required in the Ottawa premises (about 13,000 sq. ft.) may yield rental income in the range of \$100,000 per annum. But in the first year rental income may fall below target and unforeseen expenses may be encountered.

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1974

Auditors' Report

General Account

Balance Sheet

Statement of Revenue and Expenditure and Surplus

Statement of Source and Application of Funds

Notes to Financial Statements

Other Balance Sheets and Statements of Revenue and
Expenditure and Surplus

Reserve Fund

Library Trust Fund

The Grieve Memorial Lectureship Fund

Federation Dentaire Internationale
World Dental Congress

National Convention

AUDITORS' REPORT

We have examined the balance sheets of the General Account, Reserve Fund, National Convention, Library Trust Fund, The Grieve Memorial Lectureship Fund and the Federation Dentaire Internationale World Dental Congress of the Canadian Dental Association as at December 31, 1974 and the statements of revenue and expenditure and surplus and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1974 and the results of its operations and the general account source and application of funds for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Thorne Riddell & Co.

Chartered Accountants

Toronto, Canada
January 31, 1975

Appendix T8

CANADIAN DENTAL ASSOCIATION
(Incorporated without share capital under the laws of Canada)

GENERAL ACCOUNT

BALANCE SHEET - DECEMBER 31, 1974
(with comparative figures at December 31, 1973)

ASSETS	<u>1974</u>	<u>1973</u>
CURRENT ASSETS		
Cash	\$ 56,709	\$ 18,760
Guaranteed investment certificates	25,000	40,000
Accounts receivable	51,474	33,388
Prepaid expenses	5,938	7,341
Ottawa building fund (cash, guaranteed investment certificate and accrued interest)	3,576	3,102
	<u>142,697</u>	<u>102,591</u>
FIXED ASSETS, at cost		
Building, 234 St. George Street, Toronto	197,230	197,230
Architectural and legal fees for building, Ottawa	26,810	26,810
Furniture, fixtures and equipment	96,831	94,935
	<u>320,871</u>	<u>318,975</u>
Less accumulated depreciation	157,585	148,643
	<u>163,286</u>	<u>170,332</u>
Land, 234 St. George Street, Toronto	5,100	5,100
Land, Ottawa (note 1)	81,755	81,755
	<u>250,141</u>	<u>257,187</u>
	<u>\$392,838</u>	<u>\$359,778</u>
LIABILITIES AND SURPLUS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 36,605	\$ 6,695
Payable to		
Grieve Memorial Lectureship Fund	42	
National Convention Fund	219	
Deferred revenue	4,010	4,100
	<u>40,876</u>	<u>10,795</u>
SURPLUS	<u>351,962</u>	<u>348,983</u>
	<u>\$392,838</u>	<u>\$359,778</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Revenue		
Associate memberships	\$ 3,530	\$ 2,901
Student memberships	4,587	3,885
Grants from corporate members		
British Columbia	76,310	71,695
Alberta	48,100	45,175
Saskatchewan	15,665	15,308
Manitoba	22,945	21,872
Ontario	199,760	192,950
Quebec	99,275	97,790
New Brunswick	9,230	8,970
Nova Scotia	15,110	14,600
Prince Edward Island	2,405	2,470
Newfoundland	4,485	4,030
Special purpose grants - Canadian Fund for Dental Education	28,963	7,479
Headquarters services - CDA National Convention	28,000	15,000
Interest from The Canadian Dental Research Foundation	800	800
Interest income	5,967	2,136
Ottawa building fund, donations and interest	473	3,002
Sale of publications, other than Journal	22,301	17,852
Space rental - Canadian Fund for Dental Education	3,000	3,000
Special grants and sundry income	16,828	12,647
Subscriptions, CDA Journal	6,044	4,095
	<u>613,778</u>	<u>547,657</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Expenditure		
Annual board meeting	\$ 26,805	\$ 27,800
Task force	33,350	
The Canadian Dental Research Foundation Award	542	811
Contingency		35,928
Depreciation		
Building	4,931	4,931
Furniture, fixtures and equipment	4,011	6,100
Grants		
Canadian Dental Association - Library Trust Fund		1,000
Canadian Dental Nurses and Assistants	300	300
Canadian Fund for Dental Education	12,000	19,000
Federation Dentaire Internationale	4,611	4,333
Journal of CDA (see * below)	(19,126)	(34,087)
History of Dentistry and Archives	34	7
Insurance	2,602	2,226
Office administration fund		1,136
Bad debts expense	6,893	
Office supplies and expenses	31,704	24,403
Postage	11,121	10,513
Professional services	4,233	5,050
Property expenses		
Light, heat and water	4,424	4,105
Repairs and maintenance	9,644	3,399
Taxes	7,693	6,075
Publications other than journal	65,382	51,274
Salaries	264,695	227,242
Salary expenses	26,322	24,467
Telephone and telegraph	7,734	6,987
Translations	4,606	4,362
Travel expenses	96,288	67,131
	<u>610,799</u>	<u>504,493</u>
Surplus for the year	2,979	43,164
Surplus at beginning of year	<u>348,983</u>	<u>235,240</u>
	351,962	278,404
Transfer from Canadian Dental Association Reserve Fund		<u>70,579</u>
Surplus at end of year	<u>\$351,962</u>	<u>\$348,983</u>
*Certain details re Journal of CDA		
Advertising revenues	<u>\$157,381</u>	<u>\$157,741</u>
Less costs		
Agency commission	19,441	20,410
Photo engravings	4,153	3,713
Postage	18,371	19,483
Printing	91,422	80,048
Sundry	4,868	
	<u>138,255</u>	<u>123,654</u>
Excess of revenues over costs	<u>\$ 19,126</u>	<u>\$ 34,087</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF SOURCE AND APPLICATION OF FUNDS

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Source of funds		
Operations		
Surplus for the year	\$ 2,979	\$ 43,164
Depreciation which does not involve an outlay of funds	<u>8,942</u>	<u>11,031</u>
	<u>11,921</u>	<u>54,195</u>
Application of funds		
Land purchase, Ottawa		1,900
Additions to furniture, fixtures and equipment	1,896	862
Building, Ottawa - architectural and legal fees	<u>1,896</u>	<u>12,168</u>
		<u>14,930</u>
Increase in working capital	10,025	39,265
Working capital at beginning of year	<u>91,796</u>	<u>52,531</u>
Working capital at end of year	<u>\$101,821</u>	<u>\$ 91,796</u>
Current assets	\$142,697	\$102,591
Current liabilities	<u>40,876</u>	<u>10,795</u>
	<u>\$101,821</u>	<u>\$ 91,796</u>

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1974

1. The Association has undertaken to commence construction of a building within 3 years from February 28, 1973 or the property must be resold to the vendor at the original purchase price.
2. These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.
3. The 1973 comparative figures have been reclassified to conform with the financial presentation adopted in 1974.

CANADIAN DENTAL ASSOCIATION

RESERVE FUND

BALANCE SHEET - DECEMBER 31, 1974
(with comparative figures at December 31, 1973)

	<u>1974</u>	<u>1973</u>
ASSETS		
Cash	\$ 3,436	\$ 1,185
Receivable from Grieve Memorial Lectureship Fund	879	
Accrued interest	2,174	1,129
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value, 1974, \$106,044; 1973, \$102,120)	113,967	110,980
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1974, \$91,704; 1973, \$120,915)	<u>103,500</u>	<u>103,500</u>
	<u>\$223,956</u>	<u>\$216,794</u>
LIABILITIES		
Payable to		
Canadian Fund for Dental Education	\$ 179	
Grieve Memorial Lectureship Fund	<u>102</u>	
Total liabilities	281	
SURPLUS		
Surplus	<u>223,675</u>	<u>\$216,794</u>
	<u>\$223,956</u>	<u>\$216,794</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Revenue		
Investment interest	\$ 6,869	\$ 6,071
Bank interest	<u>12</u>	<u>10</u>
	6,881	6,081
Loss on sale of bonds	<u></u>	<u>6,090</u>
Surplus (deficit) for the year	6,881	(9)
Surplus at beginning of year	<u>216,794</u>	<u>287,382</u>
	223,675	287,373
Transfer to Canadian Dental Association		
- General Account for purchase of land	<u></u>	<u>70,579</u>
Surplus at end of year	<u>\$223,675</u>	<u>\$216,794</u>

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

BALANCE SHEET - DECEMBER 31, 1974
(with comparative figures at December 31, 1973)

	<u>1974</u>	<u>1973</u>
ASSETS		
Cash	\$ 1,953	\$ 522
Guaranteed investment certificate	41,500	
Accrued interest	604	
Government bonds, at cost	<u>44,057</u>	<u>41,500</u>
		<u>42,022</u>
Furniture and fixtures, at cost	103	103
Less accumulated depreciation	<u>71</u>	<u>61</u>
	<u>32</u>	<u>42</u>
Books, at cost	27,435	26,397
Less accumulated depreciation	<u>27,434</u>	<u>26,396</u>
	<u>1</u>	<u>1</u>
	<u>\$44,090</u>	<u>\$42,065</u>
SURPLUS		
Surplus	<u>\$44,090</u>	<u>\$42,065</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Revenue		
Interest income	\$ 4,010	\$ 2,802
Grant from Canadian Dental Association - General Account		1,000
Royalties - History of Dentistry	36	3
	<u>4,046</u>	<u>3,805</u>
Expenditure		
Bank charges	6	11
Binding books, journals, etc.		420
Depreciation, books	1,038	1,567
Depreciation, furniture and fixtures	10	10
Office supplies and expense	84	47
Subscriptions	883	1,266
	<u>2,021</u>	<u>3,321</u>
Surplus for the year	2,025	484
Surplus at beginning of year	<u>42,065</u>	<u>41,581</u>
Surplus at end of year	<u>\$44,090</u>	<u>\$42,065</u>

Appendix T8

CANADIAN DENTAL ASSOCIATION

THE GRIEVE MEMORIAL LECTURESHIP FUND

BALANCE SHEET - DECEMBER 31, 1974
(with comparative figures at December 31, 1973)

	<u>1974</u>	<u>1973</u>
ASSETS		
Cash	\$1,685	\$ 643
Receivable from		
General Account	42	
Reserve Fund	102	
Accrued interest	68	68
Government bonds and guaranteed investment certificate, at cost (market value 1974, \$4,701; 1973, \$4,600)	<u>5,343</u>	<u>5,343</u>
	<u>\$7,240</u>	<u>\$6,054</u>
LIABILITIES		
Payable to the Reserve Fund	\$ 879	
SURPLUS		
Surplus	<u>6,361</u>	<u>\$6,054</u>
	<u>\$7,240</u>	<u>\$6,054</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Revenue		
Investment interest	\$ 287	\$ 256
Bank interest	20	21
	<u>307</u>	<u>277</u>
Expenditure		
Orthodontic Section of Canadian Dental Association	<u> </u>	<u>273</u>
Surplus for the year	307	4
Surplus at beginning of year	<u>6,054</u>	<u>6,050</u>
Surplus at end of year	<u>\$6,361</u>	<u>\$6,054</u>

CANADIAN DENTAL ASSOCIATION
FEDERATION DENTAIRE INTERNATIONALE
WORLD DENTAL CONGRESS
BALANCE SHEET - DECEMBER 31, 1974

ASSETS

Cash	\$2,016
Prepaid expenses - 1977 Congress	<u>1,984</u>
	<u>\$4,000</u>

LIABILITIES

Loan payable to the National Convention	<u>\$4,000</u>
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Appendix T8

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

BALANCE SHEET - DECEMBER 31, 1974
(with comparative figures at December 31, 1973)

	<u>1974</u>	<u>1973</u>
ASSETS		
Cash		\$ 6,534
Guaranteed investment certificates	\$45,000	33,000
Receivable from General Account	219	
Accounts receivable	2,202	1,645
Prepaid expenses	4,087	823
Loan receivable, Federation Dentaire Internationale		
World Dental Congress	4,000	
Furniture and fixtures, less accumulated depreciation	<u>2,806</u>	<u>238</u>
	<u>\$58,314</u>	<u>\$42,240</u>
LIABILITIES AND SURPLUS		
Bank overdraft	\$ 5,624	
Accounts payable	<u>4,024</u>	<u>\$ 1,588</u>
Total liabilities	<u>9,648</u>	<u>1,588</u>
Surplus	<u>48,666</u>	<u>40,652</u>
	<u>\$58,314</u>	<u>\$42,240</u>

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1974
(with comparative figures for 1973)

	<u>1974</u>	<u>1973</u>
Revenue		
Registration fees - dentists and wives	\$ 61,375	\$ 72,495
Exhibit space sales	53,650	40,750
Tickets - President's party	5,775	10,140
Tickets - other functions	2,401	5,002
Interest earned	4,912	2,149
British Columbia government grant		5,000
	<u>128,113</u>	<u>135,536</u>
Expenditure		
Shipping and mailing	4,039	2,018
Clinician honoraria and expense	5,703	12,130
Clinic equipment and facilities	4,114	3,511
Cost of exhibits	12,687	9,079
Registration facilities	2,001	1,600
Printing and promotion	18,038	14,180
Social functions	30,164	35,482
Table clinician gifts		772
CDA Section grants	1,520	1,815
Temporary help	1,612	1,033
Security services	2,000	1,094
Headquarters services, including transfers to General Account Revenue, \$28,000 in 1974; \$15,000 in 1973	29,220	16,281
Bank charges	886	
Telephone and telegraph	393	1,493
Translation	545	592
Travel expense	1,615	3,362
Installation lunch (see government grant above)	4,750	5,000
Depreciation	312	
Miscellaneous expenses	500	825
	<u>120,099</u>	<u>110,267</u>
Surplus for the year	8,014	25,269
Surplus at beginning of year	<u>40,652</u>	<u>15,383</u>
Surplus at end of year	<u>\$ 48,666</u>	<u>\$ 40,652</u>

MEETING OF VOTING MEMBERS

A meeting of the corporate members (voting members) of the Canadian Dental Association was held in the Grand Salon of Holiday Inn, St. John's, Newfoundland, on Saturday, August 16, 1975.

CALL OF MEETING

1. An official notice of the meeting was mailed to the Presidents and Secretaries of CDA corporate members and to the auditors from the headquarters of the Canadian Dental Association, Toronto, on April 22, 1975. A further announcement of the meeting was made in the Grand Salon of Holiday Inn, St. John's, on Thursday, August 14, 1975.

QUORUM

2. In accordance with the requirements of CDA by-laws (Article VI, Section 1(f)), written notice had been received by the Executive Director of the appointment of the following corporate member representatives:

British Columbia:	J.F. Reid
Alberta:	R.A. Gray
Saskatchewan:	F.T. Wihak
Manitoba:	A.J. Shinoff
Ontario:	M. D. Charendoff
Quebec:	C.E. Gosselin
New Brunswick:	M.J. Crompton
P.E.I.	J.A. Doiron
Nova Scotia:	C.E. Dexter
Newfoundland:	K.F. Walsh

3. All of the above named were present.

AGENDA

4. MOTION: Reid/Wihak

That the agenda, as distributed, be adopted.

CARRIED

APPOINTMENT OF AUDITORS

5. MOTION: Wihak/Walsh

That Thorne, Riddell & Co. be appointed auditors until the next meeting of the corporate members.

CARRIED

NEW BUSINESS

6. No new business was considered.

ADJOURNMENT

7. MOTION: Crompton/Gray

That the August 16, 1975 meeting of voting members be adjourned.

INSTALLATION CEREMONY

An installation ceremony was held in Payton College Dining Hall at Memorial University of Newfoundland, St. John's, Newfoundland, on Wednesday, August 20, 1975, during the CDA annual meeting luncheon. Dr. J.F. Reid, retiring President, presided.

Dr. Reid officially opened the Installation Luncheon ceremonies by saying Grace and proposing a Toast to the Queen. He then went on to welcome the guests and introduce the head table.

PRESIDENT REID

Today marks the end of my term as your President. It is with mixed emotions that I stand before you at this moment. I regret that I was not able to achieve all the goals I had set for myself during my term of office. On the other hand, there is a feeling of relief in passing on the gavel of responsibility.

This year the Association had the fortitude to examine itself most critically. In doing so, much has been accomplished to unify the profession, but much is still left to be done. However, travelling the length and breadth of Canada one is readily aware of the feeling of loyal support for the ideals of our Association.

This has been an historic meeting here in St. John's, for it celebrates the 25th anniversary of the Newfoundland Dental Association joining with us as members of the Canadian Dental Association. Two of the men who represented their Association on that historic occasion are here today and I would like you to meet them:

Tubby Kavanagh
Frank Hogan

The progress of any organization can only be fostered by the accumulated contributions of many. In the last year I have been acutely aware of the mark left by my predecessors. Some of them have been with us during the convention, and I would like you to recognize them:

Harvey Reid
Bill McIntosh
George Dewis
Hector McLean
Bill Spence
David Peters
Jack Abra
Vin Keenan

I wish to express my sincere thanks and appreciation to each and every one of you from coast to coast who have been so kind to my wife and me during my presidential visitations.

To Dr. McIntosh and the headquarters staff I wish to express my gratitude for their untiring efforts on my behalf.

INSTALLATION CEREMONY

You are now all aware of this exceptional convention we are enjoying and I thank Dr. Cornish, Dr. Anthony and their committees for the superb job they have done.

It is said that behind every man there is a woman - and behind her is a wife. Fortunately in my case, they are the same person. For her patience and understanding of many moods, many minutes and many meetings my heart felt thanks to Berta.

I assure you that this pleasant occasion marks only the end of my official duties as President. It does not alter my interest in the Association or my hopes for its future and as my dear friends from Newfoundland would say, that's the "proper t'ing."

PRESENTATION TO DR. J.B. TAYLOR BY PRESIDENT REID

Ladies and Gentlemen:

As you see by your program, I was to have made a presentation to Dr. Bruce Taylor today. As many of you know, he was taken ill and is presently in hospital in St. John's. I know you all join me in wishing him a very speedy recovery.

Since so many of you know and respect Bruce Taylor I think you might like to hear what I was going to say about him ---

The first Governor I met many years ago when becoming a member of the Board of Governors was Dr. Bruce Taylor of London, Ontario. I was immediately impressed with his warmth, his wit and his wisdom.

When my wife Berta arrived back from her first ladies' luncheon she said "I've just met a most terrific gal today - her name is Aileen Taylor."

Since that time I've found that everyone who has the good fortune to know Bruce and Aileen thinks the very same thing.

If my feelings toward Bruce ever wavered, it was when he attempted hari kari and accepted the position, six years ago, as Treasurer of the Canadian Dental Association.

The budget of this Association is a thing of beauty! Everyone wants more services more often on less and less. Some how, with all the problems that he has faced, he has held the treasury together in a most incredible fashion for six years.

The democratic system brings his term to an end at the completion of this meeting. He has not been able, through crying, throwing tantrums or attempts to have the Board change the By-Laws, to extend his term.

INSTALLATION CEREMONY

Bruce has two main hobbies. One is playing golf, the other is putting his feet up and watching T.V. He has a magnificent set of golf equipment and clothes which seem to have been little help on lowering his score. His television set, on the other hand, is scratched, scarred and replete with ghosts, double images and snow.

The Canadian Dental Association has remedied that situation Bruce, and when you return home, waiting for you will be this beautiful RCA XL100 remote control colour console.

We hope that you enjoy it to the full and that each time you watch it you may think as well of us as we do of you.

INSTALLATION OF NEW PRESIDENT: Installing Officer Dr. J. Chamard

Mr. President, Head Table Guests, Ladies and Gentlemen.

I would initially like to congratulate the local people and authorities on the excellent meetings in the wilds of Newfoundland and it gives me great pleasure to be here at the installation of my long-time friend, Dr. Lindsay Mussells, as President of the Canadian Dental Association.

I recently asked Lindsay if he felt honoured to be President of the Canadian Dental Association. His considered answer was "Yes, I guess it is an honour". I feel that the Canadian Dental Association is honoured to have such as Lindsay as President.

Lindsay Mussells was born in Montreal, son of a highly esteemed educator. He graduated in dentistry in 1941. His career in the army was not as long as it might have been. He practises dentistry in Montreal, is on the staff of McGill University, is a Governor of the Canadian Dental Association, Governor and Past-President of the Quebec Order, Past-President of the Montreal Dental Club and is prominent in the Kiwanis. He is a golfer, curler, hunter and fisherman. Outside activities include radio, real estate, etc.

I may have left something out. He is a very active individual and well equipped to handle the CDA Presidency in the days of transition ahead. So, now please allow me to present for installation, the new President of the Canadian Dental Association in the person of Dr. Lindsay Mussells.

INSTALLATION CEREMONY

DR. MUSSELLS

Mes amis,

Permettez-moi, en premier lieu, de vous remercier pour cette confiance que vous m'avez manifesté en me donnant cette lourde responsabilité que représente la présidence de notre association nationale. Je tiens à vous assurer que je ne manquerai aucun effort pour remplir pleinement ce mandat.

Je réalise ma responsabilité comme président d'une association en pleine transition c'est pourquoi votre collaboration et votre compréhension me sont indispensables.

Je désire témoigner particulièrement ma gratitude a mes confrères québécois qui m'ont encouragé et aidé tout au long de cette ascension à la présidence de l'association dentaire canadienne.

Dear Friends,

First of all, let me thank you for the trust you've shown in giving me this responsibility that represents the presidency of our national association. I wish to assure you that I will put forth every effort to fulfill this mandate.

I realize what this responsibility as president of an association in transition is and that is why your cooperation and understanding are necessary.

I wish to express my gratitude particularly to my quebecois colleagues who supported me and helped me in my climb to the presidency of the Canadian Dental Association.

THANKING THE PAST PRESIDENT AND PRESENTATION OF GIFT: Dr. D.K. Peters

Replacing John Abra, who was obliged to return to Winnipeg due to a family bereavement, I am pleased to make presentations to our outgoing President.

Firstly, I have a collection of books, the poems of Mr. R.A. Parsons, Q.C., one of Newfoundland's senior barristers and best known poets, autographed and donated by the author. While perhaps not as famous a poet as another native son, Ned Pratt, Mr. Parsons nevertheless captures the Newfoundland mystique with great insight.

I do not know Mr. Parsons personally, although I have met him. He does not, to my knowledge, have a special connection with dentistry, although he, on at least one occasion, rendered to us a valued legal opinion. However, by this gesture of his Mr. Parsons, and I believe most Newfoundlanders would extend to the Canadian Dental Association, through its President, the sincerest of welcomes to our province, and

INSTALLATION CEREMONY

wish for you a most enjoyable stay. We cannot always provide the swankiest of accommodations or avoid the occasional inconsiderate gale of wind, and while we all extend, as has Mr. Parsons, tangible tokens of our hospitality, more important, we, as he, hope to give you all something more real - just a little bit of ourselves.

In considering the office of the Presidency of the Canadian Dental Association, many desirable qualities come to mind as being required of the incumbent - the leadership of an autonomous profession operating under ten provincial acts; the devotion of a commitment made at great personal sacrifice; communicating with our publics - the grass-roots dentists, the general public and its leaders; the ability to reconcile without prejudice; the determination to keep proper perspectives amid conflicting aspirations; in brief, showing to the world that the man we choose exemplifies what we think a dentist should be.

This is the kind of leadership given this Association by Fred Reid. We were confident he would, and said so at his installation. We are grateful that he has, and we wish to express our thanks and congratulations by offering him this gift which will, in some small way, we trust, recompense him for the sacrifices he has made on our behalf.

As anybody who has held the office of President of the Canadian Dental Association knows, the position is a team effort between a man and his wife. Dr. Reid has been supported by a charming and loyal wife, Berta, and, as a token of our thanks and esteem, I am going to ask Sylvia Anthony, wife of the Chairman of our Local Arrangements Committee, on our behalf, to make a presentation to Berta.

DR. REID'S THANK YOU

I am deeply grateful for this wonderful gift and my thanks go to the Association through its Executive for their thoughtfulness. I have been keenly aware of the responsible task that has been given me this past year and I trust I have not disappointed you on too many occasions.

The books, David, will be read and will have an honoured place in my library as a memento of this day.

TRANSACTIONS

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

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